SURGICAL

OBSERVATIONS.

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SURGICAL OBSERVATIONS,

PART THE SECOND:

CONTAINING,

AN ACCOUNT OF THE

DISORDERS OF THE HEALTH IN GENERAL,

AND OF THE

DIGESTIVE ORGANS IN PARTICULAR,

WHICH ACCOMPANY LOCAL DISEASES, AND OBSTRUCT THEIR CURE:—

OBSERVATIONS ON

DISEASES OF THE URETHRA,

PARTICULARLY OF THAT PART WHICH IS SURROUNDED BY THE PROSTATE GLAND:—

AND, OBSERVATIONS

RELATIVE TO THE TREATMENT OF

ONE SPECIES OF THE *NÆVI MATERNI.*

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"*Chirurgo necessariam esse cognitionem Physices, Chimiæ, Logices,*
"*omnis (fere) ambitus Medicinæ; neque solo manus exercitio veros*
"*chirurgos fieri.*" HERM. BOERHAAV. Method. Stud. Med.
locupletata ab Alb. von Haller.

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PREFACE.

IT is now nearly ſeven years ſince Mr. BOODLE, of Ongar, in Eſſex, told me that, in his opinion, many nervous diſeaſes, and many pulmonary affections, originate in a diſorder of the Liver. He regretted his inability to inveſtigate the ſubject by diſſection, and urged me to endeavour to aſcertain, by that method, how far his ideas were well founded, or otherwiſe. The reſult of theſe enquiries is related at the concluſion of the firſt paper in this volume.

Having

Having thus been led to pay attention to diſorders of the digeſtive organs, and their connexion with other diſeaſes; in the relation of cauſe or effect; the importance of the inveſtigation in which I had engaged gradually increaſed in my eſtimation. I ſoon perceived that the ſubject was of the higheſt conſequence in the practice of ſurgery; for local diſeaſes diſturb the functions of the digeſtive organs; and, converſely, a deranged ſtate of thoſe organs, either occurring in conſequence of ſuch ſympathy, or exiſting primarily as an original diſeaſe, materially affects the progreſs of local complaints. The facts which I have collected, and the obſervations which I have made relative to theſe ſubjects, will be found in the ſubſequent paper. It ſeems to be the duty of every one to promulgate any uſeful facts which he may poſſeſs, relating to an important ſubject, in order to excite general attention to it; by which the knowledge of that ſubject is likely to obtain the greateſt and moſt rapid increaſe.

increafe. Influenced by this confideratio[n], and believing that the facts which I have col[-]lected merit attention, I fubmit them to th[e] judgment of the publick.

It is no more than juftice to ftate, that opinions of a fimilar kind, with refpect to the influence of the hepatic function on various forms of difeafe, have, for fome years paft, been delivered by Dr. CURRY, Phyfician to Guy's Hofpital, in his lectures upon the Theory and Practice of Medicine; and that our furprife was mutual, at finding fuch coincidence of fentiment upon a fubject hitherto fo little adverted to. Until Dr. Curry, however, fhall lay the refult of his labours before the publick, which he is now preparing to do, it is impoffible to fay how far our ideas may correfpond in the detail; but when two perfons begin an inveftigation with principles nearly fimilar, it is not, perhaps, unreafonable

to

ɔ expect, that the facts which they collect, ꞁnd the obſervations which they make, though ꞁn different lines of the profeſſion, will be found mutually to ſupport and illuſtrate each other.

On

On those Disorders of the System in general, and of the digestive Organs in particular, which accompany local Diseases, and which, whether they be sympathetic or idiopathic, considerably obstruct the Cure of these Diseases.

AN evil seems to me to have arisen from the artificial division of the healing art into the medical and surgical departments. This division has caused the attention of the physician and surgeon to be too exclusively directed to those diseases, which custom has arbitrarily allotted to their care. The effects of local disorders upon the constitution have, in consequence, been too little attended to; and indeed I know of no book, to which I can refer a surgical student for a satisfactory account of those febrile and nervous affections, which local disease produces, except that of

Mr. Hunter*. The reciprocal operation of conſtitutional diſorders upon local diſeaſes has obtained ſtill leſs attention. To inveſtigate more particularly ſome parts of theſe ſubjects, and to bring them forwards to public notice, are the propoſed objects of the preſent paper.

No part of the animal body can be very conſiderably diſordered, without occaſioning a correſpondent derangement of the whole conſtitution. Such diſorder has been conſidered by Mr. Hunter as the reſult of univerſal ſympathy. This conſent of the whole conſtitution with its parts, manifeſts itſelf, in particular inſtances, by a greater diſturbance of the functions of ſome organs than of others; and from this circumſtance theſe diſeaſes have derived the appellations, by which they are commonly diſtinguiſhed. If the actions of the ſanguiferous ſyſtem be principally diſturbed, and the temperature of the body ſubject to unnatural variations, the diſeaſe is termed fever: if the nervous ſyſtem be chiefly

* Treatiſe on the Blood, Inflammation, &c.

affected, a ſtate of vigilance or of delirium may be produced: convulſions and tetanus take place when the muſcular ſyſtem is more particularly diſordered. Though the eſpecial diſorder of particular organs thus gives a character and denomination to the diſeaſe, it is ſufficiently evident, in every inſtance, that the whole conſtitution is diſturbed, and that parts of it are chiefly affected, perhaps from unknown circumſtances relative to the nervous ſyſtem, or it may be from a prediſpoſition to diſorder exiſting in the parts, which are chiefly affected. It ſeems to be aſcertained, that perſons of particular conſtitutions are prediſpoſed to thoſe febrile actions of the ſanguiferous ſyſtem, which conſtitute the inflammatory fever; that there is a propenſity to convulſions in children, and to tetanus in the inhabitants of warm climates.

It may be a fit ſubject for enquiry, whether it be poſſible for particular organs to become affected otherwiſe, than through the medium of the nervous ſyſtem in general. Though ſome inſtances of ſympathy are ſtrange, and

perhaps inexplicable, it muſt, I think, be admitted, that the inflammatory fever, the ſtate of vigilance and delirium, convulſions and tetanus, which ariſe in conſequence of injuries of the limbs, are produced by irritation imparted to the brain, which, by a kind of reflected operation, occaſions a greater diſorder of ſome organs than of others, and thus gives a character and denomination to the diſeaſe.

That the ſtomach and bowels are diſordered by injuries and diſeaſes of parts of the body, has been remarked by various perſons; but the ſubject has never been extenſively ſurveyed, nor viewed with that accuracy of obſervation, which its high importance merits. It has been obſerved that ſprains of tendinous or ligamentous parts produce ſudden ſickneſs; and Mr. Hunter has attributed that ſhivering which is conſequent to accidents, and attendant on ſome diſeaſes, to the ſtate of the ſtomach. It is alſo known that, in ſome local injuries from accident or operations, the ſtomach has appeared to be the part principally affected. But theſe remarks have been made only in a

curſory manner; and it is my intention to examine the ſubject more particularly. The connexion of local diſeaſes with the ſtate of the conſtitution in general alſo appears to me either not ſufficiently underſtood or not duly regarded by the generality of practitioners; and to this ſubject I alſo mean to claim their particular attention. I ſhall in the firſt place ſelect two caſes to ſhew how the ſtomach and bowels, or, to ſpeak yet more extenſively, the digeſtive organs may be affected from local diſorder.

CASE.

A healthy gentleman, about twenty-five years of age, was induced to ſubmit to an operation for the return of an adherent omental hernia, rather in order to remove the inconvenience and apprehenſion which the diſorder occaſioned, than from any urgent neceſſity; for any increaſed exertion in walking or riding produced the deſcent of a portion of inteſtine behind the thickened omentum, and obliged him to ſtop, and replace it: and he

he frequently could not accomplish the reduction without considerable difficulty. The application of trusses had been quite ineffectual in obviating these alarming inconveniencies.

The patient's diet on the day preceding the operation was scanty, and consisted of fluid substances. He took on the morning of the operation some Epsom salts and manna, which operated twice, and seemed to have emptied his bowels. A portion of the omentum was cut off, and the remainder was returned after two vessels had been tied. The operation was followed by general disorder of the constitution, manifested by a full and strong pulse, furred tongue, great anxiety, restlessness, and total want of sleep. The stomach was particularly affected, being distended, uneasy on compression, and rejecting every thing that was swallowed. He was bled largely in the evening, and took saline medicines, but could not be prevailed on to swallow any thing else, except some toast and water. The sickness had in some degree abated on the next day. A solution of magnesia vitriolata in mint water was

was prefcribed in fmall occafional dofes, in order to relieve the diftenfion of the ftomach, and the unpleafant ftate of the tongue, by procuring fome difcharge from the bowels*. In the courfe of the day he took an ounce of the falts, which was not rejected by the ftomach, yet he could fcarcely be prevailed

* Patients not unfrequently fuffer much after operations from diforder of the ftomach, and fometimes die apparently in confequence of this affection, and not from local mifchief. In thefe cafes opium fometimes fails to quiet the irritability of the ftomach; and I have always confidered it as a primary object to produce fecretions into the bowels, as I have obferved that, if difcharges can be procured per anum, the ftomach becomes tranquil. The magnefia vitriolata diffolved in common mint water or peppermint water, in fmall and repeated dofes, and clyfters, are, I believe, generally directed to produce this effect. It muft be acknowledged that it is diforder of the brain that affects the ftomach; but the re-action of the latter affection increafes and maintains the former, by which it was produced. Thefe cafes are exceedingly various with regard to the degree and kind of the diforder; fometimes the brain feems the part chiefly affected, and the nervous energy appears to be greatly impaired. In fuch cafes cordials feem to be the only medicine that can be prefcribed with probable benefit. Sometimes a low kind of delirium takes place, with but a flight degree of febrile action. Sometimes the delirium is more violent, and the febrile actions are proportionably increafed, attended with fubfultus of the mufcles and occafional convulfions.

upon

upon to take any thing elſe. The tongue was ſtill covered by a thick yellow fur; the ſkin was hot and dry, and the pulſe frequent. As there was no particular tenderneſs about the hypogaſtric region, he was not again bled. The ſecond night paſſed without the leaſt ſleep. As the ſalts had produced no effect, the ſame medicine was ordered in an infuſion of ſenna, with the addition of ſome of the tincture, which, by being given in very ſmall doſes, was retained. As, however, no effect ſeemed likely to reſult from this medicine, a grain of calomel was given at night, and repeated on the following morning. Still the loathing of food continued. The third night paſſed, like the former ones, without the leaſt ſleep, and with great anxiety. On the next morning, two pills, containing five grains of the pil. colocynth. and the ſame quantity of the pil. aloet. cum myrrhâ, were given every fourth hour. Theſe procured no ſtool, nor produced any ſenſation which inclined the patient to believe that they would operate. Again he paſſed a night without ſleep; but, towards the morning, he felt his bowels

apparently

apparently filling, to uſe his own expreſſion, and a profuſe diſcharge enſued. A dozen copious, fetid, and black evacuations took place between five and ten o'clock, and he had ſeveral others in the courſe of the day; after this, his appetite returned, his tongue became clean, and ſound and continued ſleep ſucceeded.

That the chylopoietic organs were in this caſe the parts chiefly affected, can ſcarcely be queſtioned. The ſickneſs, the tenderneſs of the parts in the epigaſtric region, the diſlike to receive any thing into the ſtomach, and the ſtate of the tongue, all ſhew that the ſtomach was much diſordered. The inſuſceptibility of the bowels to be operated on by thoſe medicines, which would ordinarily have produced diſcharges from them, and the profuſe evacuation which afterwards enſued, and relieved the patient, ſhew that theſe viſcera participated in the affection. The black colour of the diſcharges ſhews, I think, that the ſecretion of the bile was not healthy. It is probable that ſome portion of the evacuated matter

matter proceeded from the liver, in which caſe it might be juſtly inferred that this organ was affected in common with the reſt of the chylopoietic viſcera.

It may be ſuppoſed, that the injury done to the omentum might contribute to produce the diſorder of theſe organs, rather than of others. We do not, however, find that ſuch effects commonly ſucceed to ſimilar operations. The ill conſequences in the preſent caſe were greater than might perhaps have been expected, if it were not known, that an operation performed on a healthy patient is more apt to produce conſiderable diſorder, than where the conſtitution has previouſly ſuſtained the irritation of a diſeaſe, for which the operation becomes neceſſary.

It is probable alſo that the reſtleſſneſs and anxiety of the patient were aggravated, if not principally cauſed by the ſtate of the chylopoietic viſcera; ſince the relief which took place in thoſe parts on the renewal of ſecretions into them, certainly removed the nervous

ſymptoms.

ſymptoms. That the diſcharges were the effect of ſecretion is proved by the abſence of alimentary matter in the bowels, in conſequence of the action of the purgative adminiſtered on the morning of the operation, and the abſtinence both before and after that period*.

I could relate numerous caſes in ſupport of the inferences, which I have drawn from the preceding hiſtory; that local irritation affecting the nervous ſyſtem may occaſion a ſubſequent affection of the digeſtive organs of a

* Two inſtances are recorded in Mr. Pott's Works of the operation for the reduction of an hernia being performed where no ſtrangulation exiſted. See Pott's Works, vol. III. pp. 295, 299, edition of 1783.

The operation in the caſe juſt related was undertaken upon the authority of theſe caſes, which were both ſucceſsful. I performed a ſimilar operation on a patient, whoſe life had been twice in imminent hazard from ſtrangulation, in a caſe of adherent epiplocele, in which a truſs did not keep up the hernia. This operation was followed by violent peritonitis, which could only be ſubdued by ſuch copious and repeated venæſection, as endangered the patient's life. Theſe caſes have made ſuch an impreſſion on my mind, that I ſhould be very averſe in future to undertake ſimilar experiments.

moſt momentous nature, and which appears to be the ſource of great general diſorder of the ſyſtem, becauſe an amendment taking place in the ſtate of thoſe viſcera, a correſponding alleviation of the general ſymptoms enſues. Such caſes ſucceeding to great local irritation muſt frequently occur to every one; it is therefore unneceſſary to adduce more inſtances.

I ſhall however relate another caſe to confirm the opinions which I have delivered, becauſe it appears to me to elucidate ſtill more my preſent ſubject.

CASE.

A gentleman fell with his leg between the bars of an iron grating, which ſerved as a window to a cellar. The part was much bruiſed, the ſkin grazed, and the tibia broken into three or four pieces at its upper extremity. The limb was put up in ſplints by a neighbouring ſurgeon, and the next day the patient requeſted to ſee me in conſultation. I attended

tended for a few days, but every thing went on ſo well, that I diſcontinued my regular viſits, and only called occaſionally, without ſeeing the limb. There was no inflammation; the ſwelling which had been occaſioned by the bruiſe had ſubſided, and where the ſkin had been grazed, two or three trivial ulcers had taken place, which obliged the ſurgeon to open the bandages and dreſs them daily. The patient's health had been ſo good, that about three or four weeks after the accident, he had ſome friends to dine with him in his room, and afterwards played at cards with them, and parted with them, in the evening, in high ſpirits. In the middle of the ſame night, the patient ſuddenly became delirious, and I was ſent for to meet the other ſurgeon in conſultation. The delirium was then ſo great, that the patient knew not the perſons in the room. On looking at the leg, with a view to inquire into the cauſe of this unexpected occurrence, it was found, that one of the ulcers of the ſkin on the outſide of the limb, on which his poſition had produced ſome preſſure, had become deep, and apparently penetrated the

fascia, so as to communicate with the fractured bone, and thus had converted a simple into a compound fracture. To this event we could not but attribute the sudden irritation of the constitution, and the delirium. Opium was immediately given, which quieted this disturbance in a considerable degree, so that on the next day the pulse was more tranquil, and there was no delirium. On the following day his stomach became affected; he was sick, could take nothing by the mouth, had the hiccough, and his abdomen was distended like that of a person in tympanitis; whilst the senses and intellect were not disordered as they had been. In this state he continued about twenty-four hours, when his sufferings were terminated by death. As some suspicions had arisen that the head or abdomen might have been hurt at the time of the accident, the body was inspected; but no injury of these parts was discovered. Upon examining the leg, it was found that the external wound communicated with the fractured tibia, which was broken into several pieces; some of the fractures, ascending in a perpendicular direction,

tion, communicated with the joint of the knee.

In this caſe the diſceaſe was of too ſhort duration for obſervations to be made reſpecting the ſecretions of the chylopoietic organs; but it was evident that there was a complete atony of the ſtomach and inteſtines. The conſideration of ſuch caſes as thoſe which have been related, have convinced me that local irritation may produce a great diſorder of the digeſtive organs. It muſt, I think, be granted, that it produces ſuch effects through the medium of the nervous ſyſtem, and that, by a kind of reflected operation, the digeſtive organs become affected ſo that the moſt manifeſt and greateſt diſorder ſeems to exiſt in them.

Now, if vehement local irritation can produce ſo violent a diſturbance of the chylopoietic organs, it may be expected that a leſs degree of a ſimilar cauſe will produce ſlighter effects of the ſame nature. Indeed, the foregoing caſes were related not merely becauſe

they

they feemed worthy of record by themfelves (for fuch hiftories are but rarely met with in medical books), but chiefly to prepare the reader for the obfervations which are to follow.

This flighter kind of derangement occurs in cancerous complaints, which rarely fail to be accompanied with diforder of the abdominal vifcera; to which affection I am induced in general to attribute * that difficulty of breathing which has been fo generally remarked in the laft ftages of the difeafe. We find the fame ftate of the chylopoietic organs in the advanced ftages of lumbar abfcefs, compound fractures, and all kinds of local difeafe, which impart confiderable and continued irritation to the whole conftitution. We alfo find a lefs important difeafe, as for inftance, a fretful ulcer, keep up a diforder of the fyftem in general and of the digeftive organs in particular, which fubfides as the irritable ftate of the ulcer diminifhes. But as practitioners in general may not perhaps have fo attentively remarked

* See Surgical Obfervations, Vol. I.

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these circumstances as to be familiarly acquainted with them, it may be useful to mention a very common occurrence, which cannot have escaped observation. I allude to the effects of the irritation of teething upon the health of children. The Brain is sometimes so affected as to cause convulsions; the digestive organs are almost constantly disordered. The appetite fails; the tongue is furred; the secretions of the liver are either suspended, deficient, or vitiated. The bowels are either purged or costive, and the fæces fetid. The fæcal matter is often mixed with mucous and other secretions. There is also frequently a very troublesome cough. Such symptoms generally subside when the local irritation ceases, but sometimes the disorder of the digestive organs, thus excited, continues and disturbs the general health of the patient.

If local irritation be capable of disordering the bowels, we naturally conclude that it acts upon them through the medium of the brain. If also the brain and nervous system should be disordered, without any apparent

local diſeaſe, we might expect ſimilar derangements in the functions of the digeſtive organs. In caſes, where ſome morbific poiſon is abſorbed, which produces effects ſimilar to thoſe of ſyphilis, we frequently find the general irritation of the conſtitution accompanied alſo with that diſorder of the bowels, which I now proceed more particularly to deſcribe.

This ſlighter diſorder of the chylopoietic organs is, in general, manifeſted by a diminution of the appetite and digeſtion, flatulence, and unnatural colour and fetor of the excretions, which are generally deficient in quantity. The tongue is dry, whitiſh, or furred, particularly at the back part; this ſymptom is moſt apparent in the morning. As the diſeaſe advances, a tenderneſs is felt when the epigaſtric region is compreſſed, and the patient breathes more by the ribs, and leſs by the diaphragm than in the healthy ſtate. The urine is frequently turbid. I am inclined to impute theſe ſymptoms (for reaſons which will be hereafter mentioned) to an irritable ſtate of the chylopoietic organs, which is accompanied by

by a deficiency or depravity of thoſe ſecretions, upon the healthy quality of which, the right performance of their functions depends. As all the ſecretions poured into the alimentary canal are colourleſs, except the bile, in that alone can any defect or depravity be diſcovered by inſpection.

Before I proceed, I may be allowed to enter more fully into a conſideration of the ſymptoms which denote diſorder of the digeſtive organs; in order to induce ſurgeons to pay that ſtrict attention to them, which the importance of the ſubject ſo well deſerves. It would indeed be impoſſible for the reader to underſtand, without ſuch prefatory obſervations, my object in the treatment of the caſes which will preſently be related, or the opinions which I have formed, relative to their mode of cure.

The changes which the food undergoes in the digeſtive organs of the more complicated animals are threefold; and diſtinct organs are allotted to each of the three proceſſes. Digeſ-

 tion

tion takes place in the ſtomach, chylification in the ſmall inteſtines; and a third proceſs, hitherto undenominated, is performed in the large inteſtines. It is probable that in ſome caſes, one ſet of organs may be more diſordered than the others, and of courſe one of theſe proceſſes may fail more than the reſt. For inſtance, the ſtomach may digeſt the food in a healthy manner, although the inteſtines do not perform their ſhare of the changes, which they ought to effect.

Diſorder of the ſtomach is generally manifeſted by the ſtate of the tongue. If there be no fever to diſturb the ſecretions in general, the change which is viſible in the tongue can be imputed to no other cauſe than local diſeaſe, or a participation in a diſorder of the ſtomach or lungs. Local irritation or mental anxiety will cauſe a white and dry tongue; but does not this effect ariſe through the medium of an affection of the ſtomach? For although the ſecretions of the tongue muſt partake of the general diſturbance which prevails in fever, their eſpecial diſorder may be, in that caſe

alſo,

alſo, not improperly attributed to the ſtate of the ſtomach.

The ſtate of the tongue is, in general, an infallible criterion of a diſordered condition of the ſtomach; but it does not point out the kind and degree of that diſorder. In recent and conſiderable affections, where the appetite is loſt, and the digeſtive powers are greatly impaired, the appearances of the tongue are by no means ſo ſtrikingly unhealthy as in more confirmed caſes, where neither the appetite nor digeſtion appear materially deficient. It is probable that a continuance of irritation in the ſtomach may ſo affect the tongue, as to render unnatural ſecretions habitual to the part, and that theſe exiſt independently of the original cauſe, or may be reproduced by trivial degrees of diſorder. Nay, ſometimes the cuticle of the tongue ſeems to have loſt its tranſparency, and to become permanently white, in conſequence of continued irritation.

After making the allowances, which ſuch circumſtances require, we may in general be enabled

enabled to detect a diſordered ſtate of the ſtomach by obſervations made on the tongue: and, as it is of conſequence to aſcertain ſuch diſorder at an early period, when the ſymptoms are probably ſlight, this organ ſhould be obſerved in the morning, when it will be found much furred, particularly at the part next the throat. Its appearance may vary in different parts of the day from varieties in the ſtate of the ſtomach, depending on the excitement which is derived from food, or a ſtate of irritation ariſing from too long faſting. The tongues of many perſons with diſorder of the ſtomach look moderately healthy during the day, though they have been ſo much furred in the morning, that it has been deemed neceſſary to ſcrape them.

A diſordered ſtate of ſecretion, either as to quantity or quality, will be the natural effect of irritation of a ſecreting organ. This is evidently the caſe with the tongue; and we may, with great probability, conjecture that the ſame conſequence alſo takes place in the ſtomach. Since the juices of the ſtomach are the immediate

agents

agents in digeſtion, that proceſs muſt be diſturbed in proportion as its ſecretions are deficient or vitiated.

If undigeſted matter paſs from the ſtomach into the inteſtines, it can ſcarcely be ſuppoſed that their powers are capable of converting it into chyle; and it may become irritating to thoſe organs in conſequence of the chemical changes, which it may then undergo. Animal and vegetable matters experience conſiderable chemical changes before they leave the ſtomach; and theſe changes are likely to increaſe in proportion to the time during which they are detained, unleſs counteracted by the powers of the digeſtive organs, powers which ſeem chiefly to reſide in the fluids which are ſecreted into them.

The extent of the power which the inteſtines poſſeſs of converting the ſubſtances contained in them into chyle, or of preventing chemical changes, is unknown. It is probable that much unaſſimilated matter is abſorbed by the lacteals, when the digeſtive powers fail in their

their functions. This is demonstrably the case in diabetes, where the vegetable matter floats in the serum of the blood, rendering it turbid, and afterwards combines so as to form sugar in its passage through the kidnies. The strong odour, which various kinds of food impart to the urine, proves also the indiscriminate manner, in which different substances are absorbed from the intestines. May not a turbid and fetid state of the urine very frequently arise from a similar cause; *viz.* from the imperfect action of the digestive organs, in consequence of which, unassimilated matter is taken up by the lacteals, and afterwards separated from the blood, so as to impart these qualities to the urine? It may be reasonably conjectured that the same powers, by which the kidney converts the old materials of our body into that peculiar modification of animal matter, which is dissolved in the water of the urine, and which has been called by the French chemists urée, may also enable it, in a healthy and vigorous state, to dispose of much unassimilated substance in a similar way. The further consideration of this subject would, however, lead

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to a diſcuſſion foreign to the purpoſe of the preſent paper: it will be ſufficient to remark at preſent, that the ſtate of the urine may afford aſſiſtance in aſcertaining the exiſtence of diſorder of the digeſtive organs, and in indicating its nature. It has been already mentioned, in the brief account of the ſymptoms, that the urine is frequently turbid. It ſhould, however, alſo be obſerved, that the quality of the urine much depends on the ſtate of the nervous ſyſtem. It is frequently, in the diſorders of which I am ſpeaking, pale-coloured and copious, which is probably owing to a ſtate of nervous irritation, ſuch as exiſts in hyſteria. It is not improbable that diſorders of the digeſtive organs, by cauſing the frequent ſecretion of unnatural urine, may produce irritation, and ſubſequent diſeaſe of the kidneys.

Modern phyſiologiſts ſeem to agree in the opinion that the ſuccus gaſtricus is the agent, by which digeſtion is effected; but they are not ſo unanimous as to the immediate cauſe of chylification. It is not improbable that the ſuccus inteſtinalis is a principal agent, although

its

its qualities have not yet been enquired into; for, indeed, the inveſtigation would be attended with difficulties almoſt inſuperable.

Since the bile and pancreatic liquor are poured into the inteſtines at a ſmall diſtance from the ſtomach, it is natural to conſider theſe fluids as uſeful in effecting the change, which the alimentary matter undergoes in the ſmall inteſtines, namely, its converſion into chyle. The chyme, or aliment digeſted by the ſtomach, being viſcid, the pancreatic juice has been conſidered as an uſeful and neceſſary diluent.

The uſes of the bile have of late much engaged the attention of phyſiologiſts. Mr. Hunter obſerved that it did not ſeem to incorporate with the chyle; and it certainly cannot do ſo, and retain its own nature, ſince its colour and taſte are ſo intenſe, that it would impart theſe properties to the chyle, if mixed with it in the ſmalleſt quantity. The difficulty of conceiving that the two fluids can be agitated together by the periſtaltic motion of the inteſtines,

tines, without becoming incorporated, has led to an opinion that the bile may combine with the alimentary matter, and lose its original properties; but nothing of this kind is ascertained. Fourcroy thinks that the alkali and saline ingredients of the bile may combine with the chyle, and render it more fluid, while the albumen and resin may combine with the excrementitious matter. It is, indeed, evident that the bile combines either totally or partially with something separated from the chyle, and exists formally in it, and in a state of health uniformly dyes it of its peculiar colour; and therefore it has of late been supposed that the bile may serve to purify the chyle, by precipitating and combining with its feculent parts *.

It has been said in the brief and general recital that has been given of the symptoms,

* In the enquiry into the probable uses of the bile, it ought to be observed, that in many persons, in whom that secretion is either for a considerable time wholly suppressed, very deficient, or much depraved, it does not appear that the nutrition of the body is defective.

which

which characterize diſorder in the chylopoietic organs, that the ſtools are of an unnatural colour and odour. Medical men entertain various opinions reſpecting the colour of the fæces: to me this property ſeems generally to depend on the kind and quantity of the bile. All the ſecretions, which are poured into the alimentary canal, except the bile, are colourleſs or white; if, therefore, this fluid were wanting, the reſidue of the aliment would be of the colour, which might be expected to reſult from ſome of its undigeſted parts combined together. When, for inſtance, the ſecretion of bile is ſtopped by the irritation of teething in children, whoſe diet is chiefly bread and milk, the fæces are white; when this ſecretion is obſtructed in adults, the ſtools are pale like whitiſh-brown paper.

In caſes of diſeaſe, however, coloured ſecretions may take place from the bowels. I have known inſtances, in which a fluid like coffee-grounds in colour and conſiſtence was vomited; and a ſimilar matter, of darker colour and of an offenſive ſmell, was diſcharged

in

in great quantities per anum: and I have ſeen green bile mixed with theſe diſcharges. I have examined the bodies of perſons who died of ſuch attacks, and have found the lining of the alimentary canal highly inflamed, and apparently tending to mortification throughout its whole extent, without there being any diſeaſe of the liver. I am, therefore, fully aware that the fæces may be coloured by diſeaſed ſecretions from the bowels themſelves; but, in my opinion, they very rarely derive their colour from this cauſe. Further; an unhealthy colour of the fæces may be attributed to ſome degeneracy in the quality of the alimentary matter; ſuch as may be ſuppoſed to take place when the digeſtive organs fail in the performance of their offices, and different alimentary ſubſtances are in conſequence detained in the bowels, where they may paſs through chemical decompoſitions and re-combinations. But, though I am inclined to allow the full operation of theſe cauſes, the following reaſons lead me to believe that the colour of the fæces generally depends on the kind and quantity of the bile. In the natural

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ſtate of the digeſtive organs, when there is no peculiarity of diet, and no medicine is taken, the bile alone colours the reſidue of the food. The fæces voided during a ſtate of diſorder of the digeſtive organs are ſometimes partially coloured; which circumſtance cannot be well accounted for upon any other ſuppoſition than that of an irregular ſecretion of the bile. Fluids ſecreted from the inteſtines do not uſually enter into combination with the fæcal matter, but appear diſtinctly when excreted. Thus we find mucus and jelly diſcharged from the bowels, unmixed with the fæces. Medicines which affect the liver produce a very ſudden change in the colour of the fæces. Small doſes of mercury, without any alteration of diet, ſometimes change the ſtools immediately from a blackiſh to a light yellow colour, which indicates a healthy but deficient ſecretion of bile.

Healthy bile in the human ſubject is generally of a deep yellow brown colour; the brown ſeems to be the reſult of the yellow colour concentrated. It appears to me to be

be of the colour of wetted rhubarb; for, if a ſmall portion of either of theſe ſubſtances be put into a large quantity of water, they will dye it of a bright yellow colour, which is actually the colour of theſe ſubſtances, yet it is ſo concentrated in the maſs as to appear of a deep brown. Sometimes, indeed, we find green bile in the gall bladder, when the liver is not diſeaſed. I cannot, however, but think that the natural colour is a yellow, ſo intenſe as to appear brown. Green bile is uſually poured out in circumſtances, where there is evident diſorder of the digeſtive organs; and we cannot well ſuppoſe that there are two kinds of healthy bile. The quantity of this fluid ſhould be ſuch as completely to dye the excrement of its peculiar colour. By attending, therefore, to the colour of the fæces, the kind and quantity of bile, which the liver excretes, may in general be aſcertained.

The colour of the alvine excretions in theſe diſordered ſtates of the viſcera is various. Sometimes they appear to conſiſt of the reſidue of the food, untinged in the leaſt degree with bile.

bile. Sometimes they are of a light yellow colour, which denotes a very deficient quantity of healthy biliary ſecretion; they may alſo be of a deep olive, of a clay brown, and of a blackiſh brown; all which ſhew a vitiated ſtate of the biliary ſecretion.

Any kind of brown, which dilution will not convert into yellow, I ſhould conſider as unhealthy, ſince the colour of healthy bile is a bright yellow, which by concentration appears brown.

Such are the circumſtances which I have collected from my own obſervation, and the reports of others, relative to the alvine excretions, in the diſorders which have been deſcribed.

I have dwelt thus particularly upon the ſubject of the biliary ſecretion, from a belief that its quantity and quality can, in general, be aſcertained by inſpection, and will therefore ſerve to indicate the preſence of diſorder. Whether the foregoing opinions be correct or

not

not, it will, I think, be generally granted that the ſtate of the excretions from the bowels commonly indicates the healthy or diſordered ſtate of thoſe organs.

The effects, which medicine or diet may have upon the colour of the fæces, ought, however, to be conſidered. When the food is coloured, and this colour is not altered by digeſtion, it will, of courſe, appear in the fæces; hence if it ſhould be thought deſirable to know accurately the ſtate of the biliary ſecretion, it would be right to reſtrict patients to a diet that is not likely to colour the fæces. The green colour of vegetables tinges the fæcal reſidue of the food. Steel alſo is known to influence the colour of the fæces. It ſhould alſo be remarked that the expoſure of the fæces to air after their expulſion, will, in ſome inſtances, cauſe a conſiderable alteration in their colour. In our endeavours, therefore, to aſcertain whether the liver is performing its office rightly, by obſerving the colour of the fæces, attention ſhould be paid to the circumſtances which have been mentioned,

left we ſhould be deceived, in conſequence of ſuch inattention.

I conclude this review of the opinions entertained reſpecting chylification, by obſerving that if the ſuccus inteſtinalis be an agent in this function, diſorder of the inteſtines is likely to affect its ſecretion, and thus impede this ſecond important part of the proceſs of aſſimilation.

The reſidue of the alimentary matter, mixed with the bile, paſſes from the ſmall into the large inteſtines, and there undergoes a ſudden change; it acquires a peculiar fetor, and becomes what we denominate fæces. This change is ſo ſudden, that it cannot be aſcribed to ſpontaneous chemical alterations, (which would be gradual) but to ſome new animal agency. If the contents of the ſmall inteſtines at their termination, and of the large at their commencement, be examined, they will be found totally different, even within a line of each other; the former being without fetor, and the latter being in all reſpects what

what is denominated fæces. Though chemiſts then might ſpeak of the fæculent matter of chyle as fæces, yet phyſiologiſts would rather apply that term to a change in the reſidue of the food, which takes place in the large inteſtines, and which ſeems to be effected by the animal powers of thoſe organs. The fæces quickly ſuffer chemical decompoſition out of the body, although they often remain in the bowels, without undergoing the ſame kind of change. Their chemical decompoſition is attended with the ſudden formation of ammonia; yet if they be examined when recent, they are found to contain acids which ammonia would neutralize. The inference, therefore, naturally ariſes, that this third proceſs, amongſt other purpoſes, may be deſigned ſo to modify the reſidue of the alimentary matter, as to prevent it from undergoing thoſe various chemical changes, which might be ſtimulating to the containing organs, as well as injurious to the general health.

In a perfectly healthy ſtate of the digeſtive organs, probably no chemical decompoſition,

even of the fæces, takes place; yet ſuch changes happen, in ſome degree, without apparently producing any injurious conſequences. To chemical changes we may probably attribute the extrication of inflammable air, and the various and unnatural odour of the fæcal matter, which is obſervable in diſordered ſtates of the digeſtive viſcera.

The means by which this modification of the reſidue of the food, which takes place in the large inteſtines, is effected, are but little known. Analogy leads us to refer it to the effects of a ſecretion from the lining of thoſe inteſtines in which it takes place. Now if this ſecretion deviates from the healthy ſtandard, in conſequence of an irritated or diſordered ſtate of thoſe organs, we may reaſonably expect a correſponding derangement of the proceſs, by which the reſidue of the food is converted into fæces.

Having taken this general view of the functions of the chylopoietic viſcera, in order to facilitate the forming a judgment relative to thoſe

those circumstances which indicate their derangement, I return to speak more fully of that affection of them, which I have described, as arising in surgical cases from the irritation, which local disease or morbific poisons produce upon the sensorium. This subject, it must be acknowledged, is very important, if it can be shewn that disorders of the digestive organs are the cause of a great number of other diseases. The enquiry would then not only lead us to discover the source of many disturbances of the general health, which originate in those of the digestive organs (for patients have no suspicion of any disorder existing in them), but would also lead to the prevention of many secondary diseases of a more vexatious and sometimes of a more fatal nature, than those from which they originated. If the tongue be furred at its back part in the morning, when there is no fever, and when the patient has taken no stimulating or indigestible food the preceding night, it is reasonable to infer in general that the state of the tongue is owing to its participating in the irritation of the stomach. Such participation produces an

alteration

alteration in the ſecretions of the tongue; they are either deficient in quantity, or vitiated in quality; and it is not unreaſonable to ſuppoſe that the ſecretions of the ſtomach deviate in like manner from their healthy ſtate. A ſtate of irritation in any ſecreting ſurface is, indeed, likely to be attended with the ſame conſequences. It is, therefore, fair to infer that, when a general diſorder of the digeſtive organs takes place, thoſe fluids, which produce the changes which the food undergoes in them, are deficient or depraved, and conſequently that digeſtion and the ſubſequent proceſſes muſt be but imperfectly performed. The liver is likely to participate in the diſorder, and the biliary ſecretion is either diminiſhed or vitiated. This circumſtance admits of ocular demonſtration; and I have, therefore, conſidered it as an evidence of a more or leſs general diſorder of the digeſtive organs. A very reaſonable objection may, however, be made to conſidering the diſorder of the functions of the liver as a criterion of thoſe of the ſtomach and inteſtines; ſince the liver is independent of the latter organs, and may be, as will preſently

ſently be mentioned, the ſubject of a diſorder confined to itſelf. In ſome caſes, alſo, diſorder of the alimentary canal may take place, without diſturbing the functions of the liver. Still, in general, diſorders of the ſtomach and bowels affect the functions of the liver; and the ſtate of the biliary ſecretion affords a very uſeful evidence of a more or leſs general diſorder of the chylopoietic viſcera, and ſhould excite our attention to inveſtigate its kind and degree. This diſorder, which has been deſcribed, muſt alſo, I think, be conſidered as connected with a ſtate of weakneſs of the affected organs.

It is ſaid, in the recital of the ſymptoms denoting diſorder in the digeſtive organs, that the fæces are generally deficient in quantity. This circumſtance may be accounted for in various ways. It may be ſuppoſed that the bile being deficient in quantity, or of an unhealthy quality, may not precipitate the uſual proportion of fæculent matter from the chyle. Perſons whoſe bowels are lax, and do not appear to be deficient in their action of carrying downwards the fæculent matter, void it

daily

daily in deficient quantities. It may be ſuppoſed too that, either from the deficiency of bile, and conſequent want of excitement, or from the effects of diſorder, a torpid ſtate of the bowels may exiſt, which cauſes them to carry downwards the fæculent matter in ſmall quantities. The circumſtance may cauſe a greater abſorption of the fæces than what is natural, or an accumulation of them in the colon *.

That the digeſtive organs in general are affected, in the caſes alluded to, is moſt evident; but I am aware that many varieties of diſorder may be included in the general deſcription of the ſymptoms, which I have given. Future obſervations may lead to further diſtinctions; but I ſee no impropriety at preſent in ſpeaking of the diſordered ſtate as general; ſince no material diſorder can take place in one of the digeſtive organs, without diſturbing the functions of the others. When digeſtion is imperfectly executed, the functions of the inteſ-

* The caſes related by Doctor Hamilton appear to ſhew that ſuch accumulation ſometimes takes place. See his Treatiſe on the Effects of purgative Medicines.

tinal

tinal canal will ſoon participate in the diſorder of the ſtomach. Under theſe circumſtances, the ſecretion of bile will alſo probably become irregular. Should diſeaſe commence in the large inteſtines, as about the rectum, it diſturbs the functions of the ſtomach, and ſecretion of the liver, and becomes augmented in its turn by its ſympathy with theſe parts. Should the liver be diſordered in the firſt inſtance, the ſtomach and bowels may not immediately ſympathize, although they will probably ſoon become affected.

I feel further warranted in conſidering the ſymptoms, which have been recited in the former part of this paper, as ariſing from a general diſturbance of the functions of the digeſtive organs, from contemplating the effects of blows on different parts of the belly, which do not ſeem to have injured the ſtructure of any ſingle abdominal viſcus, but which yet produce effects denoting a general diſorder of the whole of theſe organs. The ſymptoms have varied in ſeverity in proportion to the violence of the blow which had been received. In the

caſes

cases which were the consequence of the more forcible injuries the symptoms were, a furred tongue; great vomiting, so that the stomach could retain no food; difficulty of affecting the bowels by medicine; great fever; and even delirium. Indeed, all those effects were produced, which I have represented as arising from vehement local irritation of remote parts of the body. The disorder has generally terminated by a profuse discharge of black and fetid stools, after which the patient has perfectly recovered. On the contrary, where the symptoms consequent on the blow have been less violent, so as not to claim such strict attention, the disorder has continued. Persons who had been previously in perfect health, have become hypochondriacal, and have had all those symptoms of disorder of the digestive organs, which have been already enumerated as arising from a less degree of local irritation, with such consequent diseases as originate from such disorder, and which will be mentioned in the subsequent part of this paper.

In order to enquire more particularly into the nature of this disorder of the digestive organs,

organs, I have examined the bodies of a considerable number of persons who have died of cancer, lumbar abscesses, and other great local diseases. I knew that these patients had their digestive organs disordered in the manner that I have described, and that in many of them the secretion of bile had been suppressed for a great length of time, and, when it was renewed, that it was very deficient in quantity, and faulty in quality: yet, on dissection, no alteration was discovered in the structure of the chylopoietic viscera, which could be decidedly pronounced to be the effect of disease. It naturally excites surprise, that such a state of irritation, and imperfect performance of the natural functions of these parts should exist for so long a time, as in many cases it is known to do, without producing organic disease; still I believe it may be set down as an axiom, and which has been verified by every observation which I have made, that a state of irritation naturally leads to those diseased actions, which produce an alteration of structure in the irritated parts.

However,

However, where the diſordered ſtate of the bowels had been of longer duration, I have found the villous coat of the inteſtines ſwoln, pulpy, turgid with blood, and apparently inflamed, and ſometimes ulcerated; and theſe appearances have been moſt manifeſt in the large inteſtines. Having obſerved repeatedly in diſſections of theſe caſes, that the large inteſtines were more diſeaſed than the ſmall ones, it occurred to me, that the fact might be accounted for in the following manner: If digeſtion is incomplete, the undigeſted food muſt be liable to chemical changes, and the products reſulting from this circumſtance, are likely to be moſt ſtimulating to the large inteſtines. Indeed, in advanced ſtages of this diſorder, mucus and jelly tinged with blood are diſcharged, and it ſeems probable that a kind of chronic dyſentery may be induced.

In ſome inſtances, where the diſorder had exiſted for many years, the bowels have been diſeaſed throughout their ſubſtance; the internal coat being ulcerated, and the peritoneal covering

covering inflamed, ſo that the convolutions of the inteſtines were agglutinated to each other. Here the liver alſo was much diſeaſed, being tuberculated in every part. Such is the reſult of the information which I have obtained by diſſection.

I have repreſented this diſturbed ſtate of the chylopoietic organs in ſurgical caſes, as excited frequently by diſorder of the ſenſorium, produced by great local diſeaſe, or from a ſimilar diſorder, occaſioned by the abſorption of morbific matter. The ſame affection, characterized by the ſame ſymptoms, occurs very frequently as an idiopathic complaint. The cauſes which have appeared to produce it, in the caſes which have fallen under my notice, are improprieties of diet, a ſedentary life, impure air, anxiety, and too great exertion of the mind or body. It is indeed no wonder, that the continual irritation of our unnatural diet, ſhould, by degrees, produce ſuch diſorder of the digeſtive organs as I have deſcribed.

Whatever

Whatever *may* be the origin of this diſeaſe; whether it occur as a conſequence of nervous diſorder, or aſſume an idiopathic form, it uniformly diſturbs the nervous ſyſtem, when once eſtabliſhed. When it is ſympathetic, the effect becomes a cauſe, and maintains that diſorder of the nerves, by which it was originally produced.

In the general enumeration of the ſymptoms, ſeveral circumſtances have been omitted which occur occaſionally, and which may, when the ſubject is better underſtood, denote peculiarities in the diſeaſe, and correſponding peculiarities in the medical treatment, which is required for its cure. I ſhall here notice a few of theſe. The appetite is ſometimes moderately good, when the digeſtion is imperfect; and the latter may not be deficient, although the diſeaſe may ſtill exiſt. In ſome inſtances indeed, the appetite is inordinate. Tenderneſs of the epigaſtric region on preſſure, is not always an attendant, even on advanced ſtages of the diſeaſe. The bowels are alter-

nately

nately coſtive, or lax even to purging*. The urine is ſometimes pale-coloured and copious like that of hyſterical patients.

A diſorder in the functions of the ſtomach and bowels, ſimilar to that which has been here deſcribed, may exiſt without the functions of the liver being diſordered; and again, the ſecretion of bile may be interrupted, without the digeſtive proceſſes being materially impeded. Such circumſtances may happen occaſionally, but they are not ordinary occurrences, and ſhould be conſidered as exceptions to general rules, which do not militate againſt their common operation.

Accurate attention to the ſubject, eſpecially in medical caſes, may lead to important ſubdiviſions, which I have not yet been able to make. But when I find that irritation of the

* I have known perſons whoſe bowels were ordinarily coſtive, and whoſe general health was much deranged by diſorder of the digeſtive organs, though they were unconſcious of its exiſtence, feel pleaſed that their bowels were in a comfortably lax ſtate; yet on obſerving the ſtools, they reſembled pitch in colour and appearance.

nervous

nervous ſyſtem, however it may originate, deranges the chylopoietic organs, and affects the ſtomach, bowels, and liver, apparently at the ſame time, I think it fair to infer, that theſe organs are equally operated on by the ſame cauſe. Diſorder of the brain may affect the chylopoietic organs; and it is well known that this influence is reciprocal. The ſtomach is ſaid to be chiefly concerned in producing theſe effects; but the cauſes of the ſympathetic affection are probably more general. A fit of paſſion has produced jaundice; and the irritation of teething in children frequently ſuſpends the ſecretion of bile; ſo that the ſtools are not in the leaſt degree tinged with that fluid. If the head can thus affect the liver, it is reaſonable to infer, that the liver may reciprocally affect the head. It is very difficult to form an opinion relative to this ſubject; for, in the inſtances which have been mentioned, the affection of the liver may take place, only becauſe it forms a part of the digeſtive organs, and not from a direct ſympathy exiſting between it and the head. Still, however, I do not think it unreaſonable to conclude that irritation

tion of the other chylopoietic organs may, as well as that of the ſtomach, diſorder the ſource of ſenſation.

In the preceding pages, I have related facts which ſeem to warrant certain concluſions, that I ſhall preſently mention. As the narrative has been broken into many parts, I think it right to point out the inferences, which may be fairly drawn from the facts already ſtated, before I proceed to the further diſcuſſion of the ſubject.

1, Sudden and violent local irritation will produce an equally ſudden and vehement affection of the digeſtive organs.

2, A ſlighter degree of continued local irritation will produce a leſs violent affection; the ordinary ſymptoms of which are recited in page 18.

3, This affection is a diſorder in the actions, and not a diſeaſe in the ſtructure of the affected organs; although it may, when long

continued, induce evident diſeaſed appearances, both which circumſtances are proved by diſſections.

4, A ſimilar diſorder of the digeſtive organs occurs without local irritation, and exiſts as an idiopathic diſeaſe; in which caſe, it is characterized by the ſame ſymptoms.

5, There are ſome varieties in the ſymptoms of this diſorder, both when it is ſympathetic and idiopathic. Theſe are enumerated in page 46.

6, The diſorder probably conſiſts in an affection of all the digeſtive organs in general, though in particular caſes, it may be more manifeſt in ſome of thoſe organs, than in others.

7, That diſorder of the digeſtive organs frequently affects the nervous ſyſtem; producing irritability and various conſequent affections. This is proved by the effects of blows on the belly, in perſons previouſly healthy; and the ſame

ſame conſequences are often obſerved from whatever cauſe the diſorder originates. At the ſame time weakneſs muſt be produced from imperfect digeſtion; and from the combination of theſe cauſes, *viz.* weakneſs and irritation, I deduce the origin of many local diſeaſes, and the aggravation of all, as will be ſeen in the relation of the caſes.

Nothing in pathology is more generally admitted, than the reciprocal operation of diſorders of the head and of the digeſtive organs; yet the exceptions to this general rule deſerve to be remarked in a comprehenſive examination of the ſubject. Some perſons have great diſorder of the digeſtive organs, without any apparent affection of the nervous ſyſtem; and even diſeaſes of a fatal nature may take place in the former organs, without affecting the latter. Indeed, if we examine any of the moſt evidently ſympathetic affections, we ſhall find the ſame exceptions. An inguinal gland, or the teſtis, frequently inflames from irritation in the urethra; yet great diſeaſe occurs occaſionally in that canal, without

producing theſe apparently ſympathetic conſequences.

We can never be certain that the ſtomach and bowels are the only organs diſordered, nor even that they were primarily affected. General nervous irritation may have preceded the diſorder, or may have been cauſed by it. The hiſtory will generally ſhew, that the derangement of the digeſtive organs is ſecondary. It ariſes from local irritation, and can be produced only through the medium of the ſenſorium. When it is idiopathic, it frequently originates in cauſes which affect the nervous ſyſtem primarily; ſuch as anxiety, too great exertion of mind or body, and impure air. Sedentary habits and irregularities of diet are cauſes which probably act locally on the organs themſelves. Nervous irritability and weakneſs are not perhaps ſuſceptible of a direct cure by medicine; but the diſorders of the digeſtive organs are more corrigible by medical remedies. In practice, theſe require our chief attention; and if the diſorders be corrected, all nervous irritation

tion frequently ceafes, and health is reftored. In many inftances the nervous irritation, which has induced the difeafe, is trivial, and would foon ceafe, were it not kept up by the re-action of its fecondary fymptoms.

Whether this diforder of the digeftive organs be primary or fecondary, it produces irritation in the brain; and thus may caufe in many inftances actual difeafe of that organ, as will be ftated in the conclufion of this paper. But derangement of the digeftive organs arifes, in many cafes, from eftablifhed nervous diforder; indeed there is often reafon to fuppofe that it is dependent on, or connected with, actual difeafe of the brain. In fuch cafes, the correction of the difordered functions cannot be accomplifhed; and even if it were practicable, it would not cure the difeafe. It is however highly neceffary and advantageous to attend to the diforder of the digeftive organs, where it is only a fymptom of nervous difeafe. The relief of the former will often mitigate, though it cannot cure the latter.

I fhall,

I ſhall, in the next place, repreſent the general circumſtances, relative to the health of thoſe perſons who have local diſeaſes, apparently cauſed or maintained by diſorder of the whole ſyſtem. They generally declare that they are in good health, except that they feel diſturbed by their local complaints; yet they are found, on enquiry, to have all thoſe ſymptoms, which characterize a diſordered ſtate of the digeſtive organs. The mind is alſo frequently irritable and deſpondent; anxiety and languor are expreſſed in the countenance. The pulſe is frequent or feeble, and ſlight exerciſe produces conſiderable perſpiration and fatigue. Theſe patients are ſometimes reſtleſs at night, but when they ſleep ſoundly they awaken unrefreſhed, with laſſitude, and ſometimes a ſenſation, as if they were incapable of moving. Slight noiſes generally cauſe them to ſtart, and they are, to uſe their own expreſſion, very nervous. Theſe circumſtances ſeem to me to indicate weakneſs and irritability of the nervous and muſcular ſyſtems; which, in addition to the diſorder of the

the digeftive organs, that has been defcribed, are the chief circumftances obfervable relative to the general health of thofe patients, whofe cafes are related in the following part of this paper. By correcting the obvious errors in the ftate of the digeftive organs, the local difeafe, which had baffled all attempts at cure by local means, has fpeedily got well, and the patient has acknowledged that fuch an alteration has taken place in his general health, as excites his aftonifhment.

The connexion of local difeafe with general diforder has been often remarked; it has been formerly attributed to impurity of the fluids; a theory which is not irrational. Imperfect digeftion muft influence the qualities of the blood, and all parts of the body may be affected from this fource. But the modern explanation of thefe phænomena, by means of fympathies, is probably preferable. Afflicting intelligence will deftroy the appetite and produce a white tongue in a healthy perfon; and a blow on the ftomach diforders the head. Thefe phænomena

nomena take place independently of the blood, and can only be explained by admitting that difturbance of one organ immediately affects another.

The writings of the ancients abound with paffages, in which difeafes are attributed to affections of the abdominal vifcera, and the fame fact has been noticed by feveral of the moderns. The French furgeons appear to be very folicitous to keep the bowels in a cool and tranquil ftate; and Deffault afcribes the origin of eryfipelas to a bilious caufe. The German furgeons, Richter and Schmucker, attribute many local difeafes to gaftric affections; and in Italy, Scarpa views the fubject in the fame light. The Englifh practitioners feem to have been lefs attentive to this clafs of diforders; infomuch that Fifcher, a German, who publifhed an account of the ftate of medicine in this country, expreffes his furprife that the Englifh fhould be fo little acquainted with gaftric difeafes. I know not exactly what ideas thefe gentlemen may annex to the terms gaftric and bilious diforders,

ders, ſince they do not particularly deſcribe them. I have repreſented the ſubject in the foregoing pages, as it has appeared to me on the moſt attentive examination. There are circumſtances which denote irritation of the digeſtive organs to exiſt, and deficiency or depravity of their ſecretions; and the diſorder exiſts in every gradation, between the ſlighteſt and moſt violent affection, without any evident difference in its nature.

The reſult of all the obſervations, which I have been able to make, relative to this ſubject, has induced me to believe that the diſorder of the digeſtive organs, cauſed by the various circumſtances, which have been recited, conſiſts in a weakneſs and irritability of the affected parts, accompanied by a deficiency or depravity of the fluids ſecreted by them, and upon the healthy qualities of which, the right performance of their functions ſeems to depend. The opinion that the diſordered ſtate of the digeſtive organs, which has been deſcribed, conſiſts in a weak and irritable ſtate of them, attended by

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a deficiency or vitiated ſtate of their ſecretions, is deduced immediately from the conſideration of the ſymptoms, and confirmed by all the collateral evidence, which we can collect. The duration of the affection, without fatal conſequences, ſhews that it is a diſorder of functions, and not a diſeaſe of ſtructure. Diſſections confirm the opinion. Blows, which excite general irritation of the digeſtive organs, produce alſo the ſymptoms which characterize the like diſorder, when it ariſes from nervous irritation, or is excited by intemperance. I doubt not but every one will, on reflection, conſider the diſorders of the digeſtive organs to be of the firſt importance, and will perceive the propriety of diligently enquiring into their nature that we may know them when they exiſt, and that our attempts to remedy them may be conducted on rational principles. This conſideration will, I truſt, vindicate me in employing ſo much time in an inveſtigation which, perhaps, ſome may conſider as tedious and unprofitable.

It

It is generally admitted, that diſorders of the chylopoietic viſcera will affect the ſource of ſenſation, and conſequently the whole body; but the variety of diſeaſes which may reſult from this cauſe, has not been duly weighed and reflected on.

It may produce in the nervous ſyſtem an abolition of the functions of the brain; or a ſtate of excitation, cauſing delirium, partial nervous inactivity and inſenſibility, or the oppoſite ſtate of irritation and pain. It may produce in the muſcular ſyſtem, weakneſs, tremors, and palſy; or the contrary affections of ſpaſm and convulſions. It may excite fever by diſturbing the actions of the ſanguiferous ſyſtem, and cauſe various local diſeaſes by the nervous irritation, which it produces; and by the weakneſs, which is conſequent on nervous diſorder or imperfect chylification. Or if local diſeaſes occur in a conſtitution deranged in the manner which I have deſcribed, they will become peculiar in their nature and progreſs, and difficult of cure. Affections of all thoſe parts which have a con-

tinuity

tinuity of ſurface with the ſtomach; as the throat, mouth, lips, ſkin, eyes, noſe, and ears, may be originally cauſed or aggravated by this complaint. I muſt obſerve, before I proceed to the relation of caſes, that ſuch a diſorder of the digeſtive organs as I have deſcribed exiſted in every inſtance. I do not take upon myſelf to ſay that it was the primary cauſe of the general derangement of the conſtitution, with which the local diſeaſe appeared to be connected; it might have been the conſequence, as indeed has been ſtated in theſe preliminary obſervations.

I ſhall now proceed to mention the plan which I have purſued in the treatment of theſe diſorders, when they have been connected with ſurgical diſeaſes; and the following caſes will demonſtrate with what degree of ſucceſs. I do not feel altogether competent to give full directions, relative to this ſubject; becauſe I have never attended to medical caſes with that degree of obſervation which would lead me properly

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to appreciate the efficacy of different medicines, when adminiſtered either in their ſimple or compounded forms. The ſubject is ſo important, that the public would be highly indebted to any practitioner, who would point out the varieties of theſe diſeaſes, and the appropriate modes of cure. The method of treatment which I have adopted is ſimple, and founded on the opinions I have formed, of the nature of the diſeaſe, and phyſiological views of the functions of the affected organs. Believing the diſordered parts to be in a ſtate of weakneſs and of irritability, my object has been, to diminiſh the former and allay the latter. Believing alſo that the ſecretions into the ſtomach and bowels, upon the healthy ſtate of which, the due performance of their functions depends, were, in conſequence of ſuch diſorder, either deficient in quantity or depraved in quality; I have endeavoured to excite, by means of medicine, a more copious and healthy ſecretion.

In conformity to theſe views of the ſubject, the patients have been recommended to be

particularly

particularly attentive to their diet. The food ſhould be nutritious, and eaſy of digeſtion: ſtrong plain broths, animal food of looſe texture, milk, eggs, and farinaceous vegetables, are the articles which appear moſt adviſeable. But, as cuſtom and inclination have ſo great an effect in regulating the actions of the ſtomach, I have contented myſelf with recommending patients not to eat any thing, which it was probable that they could not digeſt. It ſeems reaſonable to ſuppoſe that, if the food be properly digeſted, it will not irritate the inteſtinal canal; but that, if digeſtion fails, the animal and vegetable matters will undergo chemical changes in their paſſage through the long tract of inteſtines, and thereby maintain a ſtate of irritation in thoſe organs. I have urged patients not to oppreſs the powers of the ſtomach by too great a quantity of food, nor to take a ſecond meal, until time has been allowed for the digeſtion of the firſt. I have alſo cautioned them not to let the ſtomach become irritable by too long abſtinence. I have ordered five grains of powdered rhubarb an hour before dinner, with a view of inviting

ſecretions

ſecretions into the ſtomach, and of preparing it for the office of digeſtion. This gentle excitation perhaps induces it to expel any reſidue of alimentary matter, and creates a kind of artificial appetite; ſo that perſons habitually ſubject to indigeſtion experience very conſiderable benefit from the practice. Where rhubarb has diſagreed, columbo has been ſubſtituted.

The function of digeſtion will not, however, go on well, even where theſe circumſtances have been attended to, if the ſtomach be deprived of a ſtimulus to which it has been long accuſtomed. Uneaſy ſenſations will be experienced, denoting, if I may ſo expreſs it, a diſcontented ſtate of this organ, and a want of the expected ſtimulus. It is on this account injurious to reſtrain thoſe patients from the uſe of wine who have been in the habit of taking it. A moderate quantity may be allowed after dinner; but ſtrong fermented liquors muſt be injurious at any other period. It is wrong to ſtimulate the ſtomach when it has no taſk to perform.

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A regular diurnal evacuation of the bowels is particularly neceſſary, ſince the detention of the fæces muſt prove irritating to theſe organs. Purging medicines ſometimes relieve unpleaſant ſenſations; but they do not in general produce even this effect; and all active purges ſeem to me to increaſe the diſorder. It is natural to ſuppoſe that ſtrong ſtimuli will aggravate the unhealthy condition of weak and irritable parts.

It is difficult, in many caſes, to correct the diſeaſe by diet or medicine. The bowels are coſtive for a time, and then fits of purging come on. The former ſtate muſt be obviated, in order to prevent the latter. Medicines which excite a healthy action of the bowels in one perſon, are either inert or too active in another. Doſes which would have no effect in a ſtate of health, become purgative in this diſorder; a circumſtance which ſhews that the bowels are irritable. There are ſome rare inſtances of the contrary, in which it is exceedingly difficult to excite the actions and ſecretions of theſe viſcera. In ſome caſes a diet of

a more vegetable and leſs ſtimulating nature, with ſaline aperients, do good. In others, a more generous diet, and aperients of a warmer kind are beneficial. The object which I have had in view, in all caſes, is to excite the periſtaltic action of the bowels, without purging; ſo as to inſure the expulſion of whatever ought to be diſcharged.

In giving purgative medicines I have endeavoured to combine them, ſo as to excite and ſtrengthen at the ſame time. Rhubarb, columbo, and kali vitriolat. have been given together; or an infuſion of gentian with ſenna or tincture of rhubarb. When the infuſion of gentian with ſenna has been given, it has been preſcribed, in the ſubſequent caſes, according to the following formula:

℞. Infus. gentian. comp. ℥ j.
Infus. ſennæ, ʒ ij.
Tinct. cardamom. comp. ʒ j.

Fiat hauſtus, bis quotidiè, vel pro re natâ, ſumendus.

It is ſometimes neceſſary to increaſe the quantity of infuſion of ſenna. I have found in ſome caſes, that the purgative medicines and ſpices diſſolved in ſpirit and water, have anſwered better than any thing elſe, in producing a ſufficient, but not too copious diſcharge from the bowels. Equal parts of compound tincture of rhubarb and ſenna is the formula to which I allude. When irritation in the large inteſtines has been denoted by the mixture of mucus and jelly with the fæces, and ſudden and urgent calls to void them, I have adviſed oily and mucilaginous medicines as aperients; as caſtor oil, mixed with a large proportion of mucilage. My ſole object, however, has been to regulate the ſtate of the bowels; and when they have been regular without medicine, I have rarely recommended any.

At the ſame time, I have not been inattentive to the error in the biliary ſecretion, which exiſts in the greater number of theſe caſes. I have endeavoured to correct this error by the adminiſtration of ſuch ſmall doſes of

of mercury, as do not irritate the bowels, and are not likely to affect the conſtitution, even though perſevered in for a conſiderable time. In this ſtate of the digeſtive organs, calomel, in ſmall quantities, ſometimes proves irritating. I have combined it as in Plummer's pill, and have given one grain every other night. Where this doſe produced uneaſy ſenſations, or acted as an aperient, five grains of the pil. hydrarg. were ſubſtituted in its place; and even this quantity has been diminiſhed in ſome caſes. When it appeared neceſſary, on account of the biliary ſecretion, and when the calomel did not irritate the bowels, I have increaſed the doſe. The relief, which ariſes from the increaſe or correction of the biliary ſecretion, in the majority of theſe caſes, ſhews how much the liver is concerned in cauſing or aggravating the ſymptoms in theſe diſeaſes.

There are numerous and undoubted proofs of the utility of mercury, in correcting and augmenting the biliary ſecretion; but the mode of adminiſtering it has not, perhaps,

 been

been ſufficiently attended to. I have known patients, who have voided nothing but blackiſh ſtools for ſome months, diſcharge fæces of a light yellow colour, denoting a healthy, but deficient ſecretion of bile upon taking ſuch ſmall doſes of mercury. The effect of this change on the conſtitution and ſpirits, has been ſurpriſingly great; though the ſtate of the ſtomach did not appear to be altered. The uſe of mercury by inunction, ſometimes acts beneficially, in correcting the biliary ſecretion; but, if the conſtitution be irritated, and weakened by that medicine, the actions of the liver are diſturbed; and the digeſtive organs in general, become deranged. Mercury in my opinion, acts moſt certainly, and efficaciouſly, when taken into the bowels; and a much ſmaller quantity will ſuffice, when its application is in this manner rendered chiefly local.

Although experience has made me think very highly of the efficacy of ſmall doſes of mercury, in exciting and correcting the biliary ſecretion; yet it ought to be mentioned, that

that in ſome few caſes, this medicine fails to produce its uſual effects, and that the biliary ſecretion becomes healthy without its adminiſtration.

Facts are wanting, to enable us to aſcertain, whether mercury ameliorates and augments the ſecretions of the other digeſtive organs, as it does that of the liver. The ſtomach frequently appears worſe during its employment, whilſt the ſtools are conſiderably better; I have, in ſuch caſes, diſcontinued the medicine, and returned to it again if the ſtate of the liver made it neceſſary. When benefit is obtained from a ſmall quantity of medicine, we naturally expect an increaſed advantage from an augmented doſe; this is ſo natural an error, that an admonition againſt it appears neceſſary. I have obſerved in ſome inſtances, where ſmall doſes of mercury have unexpectedly affected the mouth, that conſiderable benefit ſeemed to ariſe from this circumſtance. Yet it is wrong, in general, to augment the doſe of the medicine, ſo as to create even local irritation in the bowels

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by it. In the majority of cafes the diforder has exifted for a long time, and has become habitual; therefore it is not likely to get well fuddenly. For this reafon, we fhould adapt our treatment to the more rational expectation of effecting a gradual recovery than a fudden cure. The moft judicious treatment will not remedy the difeafe, if the exciting caufes continue to operate; fuch as improprieties of diet, agitation of mind, fedentary habits, or impure air.

The following cafes will afford fufficient teftimony of the efficacy of fuch fimple treatment, as I have recommended. In fome inveterate cafes, apparently depending on eftablifhed nervous diforder, it has been ineffectual. Under fuch circumftances, the nervous affection appears to require the principal attention.

When the ftate of the health required it, or the difeafe did not yield to the treatment, which I have defcribed, I have referred the cafe to the phyfician; under whofe direction, benefit has been obtained by medicines of

more

more activity than thoſe which I had ventured to recommend, conjoined with tonics, and thoſe medicines which are uſually termed nervous.

In inveſtigating the treatment of theſe diſorders, it is neceſſary to aſcertain, not only what medicine is beneficial, but alſo what change it produces in the circumſtances of the diſorder. The adminiſtration of a medicine may in one caſe be ſucceeded by a diſcharge of bile, and a ſtriking relief from long-continued and diſtreſsful feelings: yet the ſame medicine may be given in many other inſtances without the ſame conſequence. Was the change then in this inſtance accidental? or muſt it be attributed to ſome unnoticed peculiarity in the diſeaſe or conſtitution?

Bark and ſteel are not uncommonly given in theſe diſeaſes: they ought, I think, to be adminiſtered in ſmall doſes, and never when the tongue is dry; as they ſeem to ſuppreſs thoſe ſecretions, which in many caſes are already deficient; and the increaſe of which would

would tend to relieve irritation in the affected organs. I mention this opinion, however, rather to account to the reader for these medicines not having been prescribed in the subsequent cases, than from any other motive; as I do not feel perfectly competent to decide upon their degree or kind of utility.

Vegetable diet-drinks appear to me very useful in tranquillizing and correcting disorders of the stomach and bowels, for this is the manner in which they seem to be efficacious in the cure of local diseases. The vegetables prescribed in the different formulæ are so dissimilar, that we can scarcely suppose that they act specifically upon the local disease. Even Sweet-wort has obtained considerable celebrity. When diet-drinks fail to correct the disorders of the digestive organs, they also fail to produce any amendment on local diseases. Such observations have induced me to believe that they have the utility, which I have ascribed to them, of tranquillizing and correcting disorders of the stomach and bowels. It is allowable to form an opinion from such observations,

obſervations, though I am ſenſible of their invalidity as arguments to prove its truth.

Whenever circumſtances would permit, I have recommended the patients to take as much exerciſe as they could, ſhort of producing fatigue; to live much in the open air; and, if poſſible, not to ſuffer their minds to be agitated by anxiety, or fatigued by exertion. When the diſorders, which have been the ſubject of this paper, have been long continued, they do not admit of a ſpeedy cure; hence attention to diet, air, exerciſe, and mental tranquillity, are more decidedly beneficial than medicines. Surgeons in London meet with frequent and convincing inſtances of the efficacy of pure air. Patients under the irritation of a local diſeaſe, who ſcarcely eat or ſleep in town, recover their appetite, digeſtion, and ſleep ſo ſuddenly on their removal into the country, as to leave no room for doubting, that the change of air has produced this beneficial alteration in their health. The whole of the plan of treatment which is here recommended is ſo ſimple, and apparently ſo inefficient,

inefficient, that its power might reaſonably be doubted, did not facts atteſt its utility. I ſhould not have thought it right to have thus related it in detail, but for the purpoſe of avoiding repetition in the recital of the caſes which are to follow; and alſo becauſe it ſeemed right to ſtate as explicitly as poſſible to the younger part of the profeſſion, what are the curative intentions in diſorders of this nature*.

* After I had written the above account of the treatment, which I had found the moſt ſucceſsful in the correction of diſordered ſtates of the digeſtive organs, I was much gratified by the peruſal of Doctor Hamilton's publication on the Effects of Purgative Medicines. I think there is a great coincidence in the mode of treatment which I have deſcribed, and that which is ſanctioned by his more extenſive experience. He preſcribes purgative medicines to act as eccoprotics, to excite but not to ſtimulate the bowels; and he combines with them generally unirritating doſes of mercury.

CASES.

CASES.

Section I.

Long before my attention was excited to diſorders of the digeſtive organs, I had remarked that there was a paralytic affection of the lower extremities, reſembling that which is produced by a diſorder of the medulla ſpinalis, in conſequence of diſeaſe of the bodies of the vertebræ. This paralytic affection alſo appeared to me to vary with the ſtate of the patient's health.

Theſe obſervations led me to propoſe a method of treatment, which proved ſucceſsful in the caſes of two young ladies, who were affected in this manner. The iſſues, which had been ineffectually kept open in the back, were healed; and the ſtate of the

health

health in general was amended by attention to diet and medicine, by exercise, and country air. The use of the limbs returned in proportion as the health became established. Such were the observations which I had made relative to this subject, when I met with the following cases.

CASE.

A young lady, whose stomach and bowels were disordered in the manner already described, became gradually affected with weakness in the lower extremities, and pain in the loins. The pain became at length very severe, and was aggravated in a manner almost insupportable by the agitation of a carriage. This lady could scarcely walk, and gave a description of the state of her limbs, so exactly resembling that which is sometimes consequent to disease of the vertebræ, that I thought it right to examine the spine. I struck with my finger the spinous process of each lumbar vertebra, and upon touching one in particular, the patient complained of great pain; but

pressure

preſſure on the contiguous vertebræ alſo cauſed much uneaſineſs. Under theſe circumſtances I placed a bliſter on each ſide of the ſpine, and kept up a diſcharge from the ſurface by dreſſing it with ſavine cerate. Theſe means, with reſt, relieved her ſufferings; but, as her health declined, ſhe went into the country, where ſhe ſoon became much better. The bliſters were now ſuffered to heal, and ſhe ſhortly afterwards had recovered ſo much, as to take long rides on a rough-going horſe. She returned from the country in good health, and was both muſcular and fat. About a year afterwards ſhe was ſo ill, in the ſame way, that ſhe wiſhed to have iſſues made in the back: but I would not conſent to this, from knowing that the bone could not be diſeaſed. Of this return of pain in the back, and weakneſs in the lower extremities, ſhe again got well, upon amendment of her health in general. Since that period, now five years ago, ſhe has been, ſometimes, very well, at others, pale and emaciated; and theſe changes have correſponded with the natural or deranged ſtate of her bowels.

CASE.

CASE.

I was confulted on the cafe of a young lady, who had been bliftered feverely for a pain at the bottom of her back, which was chiefly felt at the junction of the ilium and facrum. It was fuppofed, that difeafe had taken place in the bone from fome injury, and had affected the facral nerves: for fhe could not ftand without fupport, fo great was the weaknefs in the front of the thighs. There was no projection of the vertebræ. If the facral nerves had been affected, the leg ought to have fuffered the greateft fhare of pain and weaknefs; but that was not the cafe. She had no appetite; her tongue was greatly furred; her bowels coftive; and pulfe generally 110. I ftrongly objected to making iffues in this cafe; but as the patients' fufferings increafed, it was done. She went into the country, and died in four or five months. The bone was found, upon examination, to be perfectly healthy; but the mefenteric glands and lungs were difeafed, and it was concluded that fhe died of confumption.

ſumption. I could not learn the ſtate of the liver, nor do I know whether its appearances were particularly attended to.

CASE.

A young lady had been confined about ſix months to her chamber, on account of pain in the loins, and weakneſs of the lower extremities, which prevented her from ſtanding or walking. The weakneſs of her limbs had been gradually increaſing for a year and a half, before it became ſo bad as to make her incapable of moving about. Iſſues had been kept open, during that time, on each ſide of the ſpine; but, as the patient got no better, my opinion was aſked, reſpecting the ſeat of the diſeaſe of the bone: for it was concluded, that the iſſues had only failed from not having been made in the right place. I found, upon inquiry, that the chief ſeat of her pain was in the poſterior edge of the liver. Indeed, that viſcus was enlarged, so as to be felt in the epigaſtric region, and ſo tender as to cauſe much

much pain on being compreſſed, at any part, along the cartilages of the ribs. Her tongue was furred; her appetite deficient; digeſtion bad; bowels coſtive; and ſtools black, or elſe untinged with bile. I had no heſitation in adviſing, that the iſſues ſhould be diſcontinued; and that attention ſhould be chiefly directed to rectify the diſorder of the chylopoietic viſcera. Mild mercurials and aperients were given, by which, with other means, ſhe got materially better in health, and was able to walk about as well as ever. The gentleman who attended this patient, met me accidentally, two months afterwards, and informed me that ſhe was quite well. I ſaid, that as her diſeaſe had been a long time in forming, it could hardly be expected that ſhe ſhould recover ſo ſuddenly. He conſidered this expreſſion as implying ſome doubt of his accuracy, and, therefore, ſent the patient to me in the morning. She came from Lambeth, in a hackney coach, and looked very well: ſhe obſerved, that long before her confinement, ſhe could not have borne the agitation of a carriage; but that now, ſhe did not feel it.

I have been informed, by ſeveral intelligent ſtudents, that ſimilar caſes have occurred in the hoſpital: as I was not a witneſs of theſe, I ſhall not relate them. I ſhall, however, mention one, which I ſaw, and ſuperintended myſelf; although it is, in ſome meaſure, imperfect, as the patient quitted the hoſpital ſuddenly, without our knowing where he went to.

CASE.

Thomas Crighton, aged twenty-three, was admitted into St. Bartholomew's Hoſpital, on account of a palſy of his limbs. About a year before, while the uſe of his limbs was yet unimpaired, he was attacked repeatedly with violent pain in his bowels; uniformly preceded by coſtiveneſs, and, generally, terminated by a copious diſcharge of looſe, fetid, black ſtools. The relief afforded by the diarrhœa was ſpeedy and uniform. In the courſe of ſix months his lower extremities became affected with occaſional twitchings, and he found that he could not regulate their motions in walking: this increaſed to ſuch a

degree as to make him incapable of taking any exercise. He had, at the commencement of his illness, a confusion of vision; and a constant and violent pain in the head. The former symptom increased so much, that he could discern no object distinctly; a candle, for instance, although held near him, appeared as large as the moon. The sensation of his lower extremities continued perfect; but the actions of the bladder were no longer under the controul of the will; the urine sometimes flowing involuntarily; and, at others, being retained for some hours, with considerable pain. He, afterwards, began to lose the use of his upper extremities: the left hand and arm were more affected than the right; but there was no difference in the affection of the leg of the same side. His speech, also, became much impaired; he hesitated and faltered considerably, and the tones of his voice were irregular, so that, at length, he could scarcely make himself understood. At the time of his admission into the hospital, there was an entire loss of voluntary motion in the lower extremities, and a great diminution in

that

that of the upper. The bowels were deranged; there was constant head-ache; the speech was very indistinct; and vision so imperfect, that he could not read the largest print. An issue was made in the neck, and some medicines were prescribed, under the direction of the physician. As the treatment did not prove beneficial, I was desired to examine the spine, and found such a curvature and projection of the spinous processes of the upper lumbar and lower dorsal vertebræ, that, I thought, the bodies of those bones must be diseased. I was, therefore, inclined to attribute the paralysis of the lower extremities to this disease of the spine; and, consequently, directed, that issues should be made on each side of the projecting vertebræ. As this supposition would not account for the paralytic affection of the parts above, and as the bowels were deranged, I ordered two grains of calomel with eight of rhubarb, to be taken twice a week, and some infusion of gentian with senna, occasionally. After using these medicines, for about three weeks, his bowels became regular, the biliary secretion

 healthy,

healthy, and his appetite good. He could move his hands and arms nearly as well as ever; and his eye-fight was fo much improved that he could read a news-paper; indeed, it was nearly well. The functions of the bladder were completely reftored *; his fpeech became articulate; and, his general health, in every refpect, much improved. He remained in the hofpital about two months, but with very little amendment in the ftate of the lower extremities, when his friends fuddenly removed him, on account of fome difagreement with the nurfes, and I was unable to learn whither they had conveyed him.

The hiftory of the preceding cafe was taken by Mr. Cruttwell, who had been for feveral years a moft induftrious ftudent at the hofpital, and whofe accurate obfervation and extenfive information induce me to place entire confidence in any ftatement of a cafe which I

* I have feen feveral cafes which induce me to believe that the weaknefs of the fphincter veficæ, which occafions young perfons to void their urine during fleep, very frequently arifes from the fame caufe.

receive

receive from him. To that gentleman I am, also, indebted for the following particulars relating to a patient, who died some little time ago in the hospital, and whose body was examined. The dissection serves still further to elucidate my present subject.

CASE.

Elizabeth Griffin, twenty years of age, was admitted into St. Bartholomew's hospital in August, 1805, on account of an inability to move her lower limbs; which was supposed to originate from a disease of the spine. On examination, however, there were no appearances, which indicated caries of the vertebræ. Her voice was, at times, considerably affected: and she was subject to occasional attacks resembling, in some degree, epileptic paroxysms. The affection of the limbs was liable to considerable variations. At times, as she assured me, she could walk across the ward with very little difficulty; at others, she could not even stand without assistance. Her tongue was extremely, and, I believe, constantly white; her

her pulſe natural. Her bowels were, generally, coſtive, and it was neceſſary to employ active medicines in order to procure ſtools, which were always of a dark colour. A ſlight temporary diarrhœa ſometimes happened, and ſhe invariably remarked, that the eaſe or difficulty with which ſhe could walk, and the pain in her head with which ſhe was troubled, were in exact conformity to the ſtate of the bowels, all the ſymptoms being relieved by the diarrhœa, and returning as the bowels became again coſtive. There was an appearance of irritability and languor in the eye, which I have before obſerved in theſe caſes, and the pupils were generally much dilated. After the patient had continued in the hoſpital about ſeven weeks, ſhe was attacked with fever, and died. To this brief account of the ſymptoms, I now ſubjoin the diſſection.

No diſeaſed appearances were obſerved in the brain, though it was examined with the moſt particular attention: neither was there any diſeaſe of the vertebræ. No diſeaſe, in ſhort, was obſerved except in the abdominal viſcera.

The

The chief morbid appearance, in them, conſiſted in an ulcerated ſtate of the villous coat of the ilium near to its termination in the cæcum. The ulcers were numerous, and ſituated where the mucous glands are chiefly found. The internal coat of the large inteſtines, alſo, appeared inflamed.

The liver was healthy in its ſtructure. In the gall bladder about one ounce and a half of a light green ſerous fluid was found, which had not in the leaſt degree the ſoapy, or mucaginous feel of bile.

Caſes, like thoſe which have been related, are not, if I may judge from my own experience, at all uncommon. They ſufficiently prove, in my opinion, that local nervous diſorders and muſcular debility may ariſe from a general diſorder of the health, in which the digeſtive organs are generally much affected. This diſorder, as has been ſtated in the preliminary obſervations, may, ſometimes, be the cauſe, and ſometimes the effect, of the nervous affection. In either caſe, however, its correction

rection is of high importance in the medical treatment of the diſeaſe. In the caſe, beginning at page 79, as well as in that which immediately follows, diſorder of the digeſtive organs muſt, I think, be allowed to be the cauſe of the nervous affection, from the ſudden and complete ceſſation of the latter, when the cure of the former was accompliſhed. Deciſive inſtances like theſe are particularly valuable; they ſhew what great nervous diſorder may be produced by that of the digeſtive organs, and conſequently how much the latter diſorder is likely to aggravate the former, when it occurs even ſecondarily as its effect. I have ſeen a conſiderable number of ſuch caſes, which I cannot relate with preciſion, becauſe I had not ſufficient opportunities of obſerving the patients, to enable me to note the progreſs of the diſeaſe with accuracy.

Of theſe I can only obſerve, in general terms, that I have ſeen ſeveral inſtances of pain, imbecillity, and waſting of the muſcles in one of the lower extremities, which were conſidered as the effect of diſeaſe about the

hip

hip joint; yet the event proved that there was no organic diſeaſe of that part. The diſeaſe was connected with that ſtate of conſtitution that I have deſcribed, and was amended as the health in general improved. I have alſo ſeen ſeveral inſtances of waſting of the muſcles of one of the upper extremities in children; ſo much indeed were the muſcles ſhrunk, that the bones and joints could be as diſtinctly examined as in a ſkeleton. The local affection in theſe caſes came on ſuddenly. I lately ſaw a little boy, who had had this kind of affection of his left arm ſeveral years ago, and on whoſe caſe I was at that time conſulted. The bowels had been violently diſordered prior to the paralytic affection, and were, at the time I ſaw him, in an extremely unhealthy ſtate. I recommended that the chief attention ſhould be paid to correct the errors of theſe organs, which was in ſome degree accompliſhed, and that the arm ſhould be ſupported by a ſling. The arm gradually recovered, and though it is not at preſent quite ſo large and ſtrong as the other, yet the difference is ſo ſlight, that

that it would not attract the attention of a common obſerver. About ſix months ago I ſaw a little boy very ſimilarly circumſtanced, and in his caſe, the arm quickly recovered its powers of motion, as the ſtate of the digeſtive organs became healthy.

I have alſo ſeen caſes in children, in whom, after ſome general diſorder of the health, accompanied by derangement of the ſtomach and bowels, a muſcular affection of the extremities has taken place, like that which produces the varus and valgus; I mean a predominance of the actions of ſome muſcles over others, producing diſtortion of the limb. I have ſeen this happen ſometimes in one, ſometimes in both the lower extremities. I have alſo ſeen the arm ſimilarly affected.

That the local ſymptoms in thoſe caſes, as well as in thoſe which have been more fully detailed, ariſe from a nervous affection of the brain, and not from any cauſe acting locally on the nerves of the affected part, will, I believe, on due conſideration be granted.

I ſuſpect

I ſuſpect however that ſome perſons may heſitate to admit ſuch an opinion, from the belief that diſorder of the brain muſt operate generally, and not partially, on the nervous ſyſtem. Perhaps the contemplation of the conſequences of ſlight apoplectic effuſions in the brain, may aſſiſt us in forming juſt notions on this ſubject. Such slight effuſions of blood, occurring in various parts of the brain, have been known to paralyze one leg or one arm, or the muſcles of the tongue, or of one half of the face, without affecting the reſt of the nervous or muſcular ſyſtem.

Another opinion which I wiſh to be conſidered is, whether, when there is conſiderable and continued paralyſis, there muſt neceſſarily exiſt ſome preſſure or organic diſeaſe in the brain. That this exiſts in many inſtances is undoubted; but the number of caſes in which the paralytic affection is merely nervous, and independent of viſible diſeaſe, is in my opinion very conſiderable. The inſtances which have been related warrant this

conclusion,

conclusion, and shew such cases to be more frequent than is, I believe, generally supposed. When there is organic disease of the brain, the case seems to be very hopeless; and probably no considerable alleviation of the symptoms will take place, by that attention to the state of the digestive organs which I have recommended. In dubious cases, and such, on the first examinatian of them, the majority of these occurrences will probably be, it seems right to try the effect of correcting disorder of the digestive organs, with a view to alleviate nervous irritation, before we proceed to those severer methods, which the belief of the existence of organic or vascular disease in the brain would induce us to institute. For if blood-letting and counter irritation be employed, in order to diminish vascular action; or if mercury be employed to some extent in order to induce the absorption of deposited substance; these measures must aggravate that disorder of the general health, upon which, in many instances, the nervous affection depends.

My

My object, in the recital of the foregoing cases, is to point out a cause of local paralysis, which from its locality would, I suspect, be generally attributed to some local disorder of the nerves of the affected part. Such an opinion of the nature of the complaint would consequently lead to an erroneous treatment. If my opinion of the nature of these cases be correct, they can only be successfully treated by means which operate upon the constitution in general. I have particularly recommended that our efforts should be directed to correct any errors that may exist in the functions of the primæ viæ, for reasons that have been stated in the preliminary observations. Of the efficacy of such endeavours I have seen many more instances than I have brought forward; indeed the propriety of such attempts seems so obvious, that I doubt not but they will be made, and the effect of them will, by that means, be generally demonstrated. It is right however to mention, that in some cases to which I have attended, I have been foiled in my endeavours to correct, by the simple measures which I have

related

related in the introductory remarks, the diſorders of the digeſtive organs; and in theſe I thought that the diſorder of the digeſtive organs depended on ſome eſtabliſhed diſeaſe in the brain.

In other caſes, when the functions of the digeſtive organs had been partially corrected, the nervous and muſcular affections were mitigated, but not cured. Indeed ſufficient time has not yet elapſed to enable me to form a probable opinion, as to the event of ſome caſes, to which I allude. I have alſo met with one inſtance, in which the bowels became moderately correct in their functions, without any evident amendment in the ſtate of the limbs; and I have known two inſtances of perſons, who were ſuddenly ſeized with paralyſis of the lower extremities, apparently dependent on general nervous diſorder, in which the digeſtive organs ſcarcely ſeemed affected.

In ſeveral of the caſes which I have related, there were nervous pains in the affected limbs. That

That local nervous pains may depend on general nervous diſorder ſeems to me very probable; at leaſt, I can take upon me to affirm, that I have known nervous pains cured by correcting the diſorders, which in theſe caſes exiſted in the digeſtive organs. In the caſes alſo of tic douloureux which have fallen under my obſervation, there has been great diſorder of the digeſtive organs; and I have known caſes reſembling thoſe of tic douloureux cured by correcting the unhealthy ſtate of thoſe organs.

I wiſh finally to excite the attention of Surgeons to the ſtate of the bowels in tetanus. The occurrence of this diſorder occaſionally, when the wound which produced it is healing, ſeems to indicate that the effects, which have been produced by its irritation, continue. It has been, I think, fully ſhewn, that local irritation may diſorder the digeſtive organs; which diſorder continuing, and aggravating the affection of the ſenſorium, may poſſibly lead to the production of tetanus, at a time when the wound is no longer irritable. In four

four cafes of tetanus, in which I had an opportunity of inquiring into the ftate of the bowels, the evacuations from them were not like fæces. I wifh to propofe, in inveftigating the caufe of tetanus, as a queftion, what is the ftate of the bowels between the infliction of the injury and the occurrence of that dreadful malady * ?

* Such cafes as I have related, with others that it would be foreign to my prefent purpofe to mention, have impreffed the opinion on my mind, that diforders of the digeftive organs may originally caufe, or may fecondarily aggravate, a nervous diforder; and produce, as has been " mentioned, in the nervous fyftem, an abolition of the functions of the brain; or a ftate of excitation caufing delirium, partial nervous inactivity, and infenfibility; or the oppofite ftate of irritation and pain: in the mufcular fyftem, weaknefs, tremors, and palfy; or the contrary affections of fpafms and convulfions." Could thefe circumftances be proved, it would be fcarcely neceffary to add, that thofe painful affections of parts, to which perhaps fome pre-difpofition exifts, may be excited in a fimilar manner; fuch as gout and rheumatifm. Indeed rheumatic pains are very ufually concomitant upon that ftate of conftitution, which exifted in the patients, whofe cafes I am relating.

CASES.

CASES.

Section II.

I ſhall next ſpeak of thoſe caſes, in which local diſorders of the head, produced by blows, are kept up and aggravated by affections of the digeſtive organs. After what has been obſerved reſpecting the reciprocal influence of diſeaſes of the brain, and of the chylopoietic viſcera, it will readily be admitted, that an injury of the former may diſturb the functions of the latter. Thus, concuſſion of the brain occaſions vomiting as one of its immediate conſequences, and will alſo be found to produce almoſt conſtantly, at a more remote period, that diſturbance of the digeſtive organs, which I have deſcribed in this paper. If the diſturbance be only moderate in degree, but continued, it will often re-act upon the head,

ſo as to occaſion an irritable ſtate of the injured parts, and impede their recovery.

In many caſes of blows upon the head, a ſlow inflammatory affection continues in the parts chiefly injured, and ultimately produces deſtructive diſeaſes. The bone ſometimes becomes diſeaſed, or an exoſtoſis grows from its internal table; the dura mater becomes thickened, or matter ſlowly collects on its ſurface. Such local diſorders produce others of a more general nature, and deſtroy the patient. Theſe occurrences are however, in my opinion, rare in compariſon with the caſes firſt deſcribed; in which a painful ſtate of the injured parts is kept up by means of diſorder exiſting in the digeſtive organs. The neceſſity for an accurate diſcrimination between theſe diſorders, muſt ſtrike us on the moſt ſuperficial view of the ſubject; for the lowering treatment which is neceſſary in the firſt and rarer caſe would be detrimental in the ſecond and more frequent. By attending to the ſtate of the digeſtive organs in theſe dubious caſes, we may be enabled to form a probable opinion

nion of the nature of the local complaint; for if there is nothing wrong in the general health to excite or maintain it, we may reasonably conclude that it is merely local; on the other hand, the inefficacy of evacuations in curing the local disease would naturally suggest the opinion, that it proceeds from irritation, and is dependent on a disorder of the health in general. It should be further observed, that when the local disease is of an inflammatory nature, and likely to induce morbid alterations in the structure of the affected parts, still it may be maintained and aggravated by disorder of the digestive organs. I have very frequently seen patients suffer so severely as to warrant a suspicion, that local disease of the most formidable nature existed; in these the usual methods of treatment were ineffectual; and they recovered suddenly or slowly, in proportion as the state of the digestive organs was corrected. I shall relate some examples of the disease under consideration, which will enable the reader to identify the case, when it occurs in practice.

CASE.

A young gentleman, about ten years of age, fell out of a window, ſix feet high, and ſtruck the back part of his head againſt ſome ſtones. He was ſtunned by the blow, but perfectly recovered from the effects of the accident by bleeding, purging, and a low diet. He caught the ſcarlet-fever about ſix weeks afterwards; and recovered from that alſo. But, whilſt he was convaleſcent, the pains returned in that part of the head which had been ſtruck, with ſo much violence as to induce the belief that ſome ſerious local miſchief would enſue. After they had continued without abatement for a few days, I was deſired to ſee him. He was lying in bed, and could ſcarcely be prevailed on to lift his head from the pillow. The integuments of the occiput were ſo tender, that he would hardly allow me to examine the part; I aſcertained, however, that there was no fluid under the ſcalp, nor any inequality in the bone. He dozed a good deal, and lay in a comatoſe

comatose state, but was occasionally restless. His pulse was very frequent, his skin hot and dry, and his tongue covered with a thick yellow fur. He breathed almost without moving the diaphragm, and complained much if the epigastric region was compressed. He loathed food; his bowels were costive, and his stools of a blackish colour. He was ordered to take small doses of calomel at night, and draughts with rhubarb and kali vitriolatum in the morning. The tongue soon became clean, and the stools natural; his appetite and spirits returned, and he no longer complained of any uneasiness in the head.

This case presents us with a striking example of what I believe to be a common occurrence; I mean, a disordered state of the digestive organs taking place subsequent to a considerable febrile affection. Indeed, when we reflect in how weak and irritable a state the brain must be left upon the subsidence of such a disorder, and how much the chylopoietic viscera must suffer from the impaired and disordered energy of the brain, we might naturally

naturally expect ſuch a derangement of the functions of the digeſtive organs to enſue. When ſuch diſorder happens in this manner, it frequently produces many local diſeaſes, to which the conſtitution may perhaps be predispoſed; a circumſtance I ſhall ſpeak of in a future part of this paper. In the preſent caſe, it brought on a painful ſtate of parts recently injured, with a conſiderable degree of fever. That the morbid ſtate of the ſtomach and bowels was the cauſe of both is fairly to be inferred from their ceaſing ſo immediately, when the diſorder of the digeſtive organs was corrected. A caſe of this kind, preſenting an example of ſudden recovery, is particularly valuable, becauſe it clearly demonſtrates the cauſe and the effect in ſuch diſeaſes. The cauſe can indeed be ſeldom ſo ſuddenly removed; and the gradual ceſſation of it under any plan of treatment leaves room for a variety of conjectures, as to the mode of cure or of recovery from thoſe diſorders, which I have conſidered as effects. I could relate many caſes of ſimilar but leſs ſevere ſymptoms produced by the ſame cauſe, which gradually got

got well, in proportion as the diſorders of the digeſtive organs were corrected. As it does not, however, appear to me neceſſary to accumulate inſtances to prove ſo obvious a fact, I ſhall content myſelf with adducing two more caſes, to exhibit ſuch effects in different points of view.

CASE.

A lady fell down in froſty weather, in conſequence of her feet ſlipping from under her, and the occiput ſtruck againſt a ſmooth ſtone pavement. She was ſtunned by the fall, but ſoon recovered; nor had ſhe for ſome weeks the ſevere ſymptoms, which appeared in the ſequel. This circumſtance ſhews that there was nothing produced by the blow that neceſſarily cauſed the ſubſequent ſymptoms; which muſt therefore be attributed to inflammation or irritation taking place afterwards. After ſome weeks had elapſed from the time of the accident, the parts which had been ſtruck became extremely painful; and

the

the pain extended forwards over the ſcalp to the right eye, the ſight of which became imperfect. The integuments upon which the blow had been received were extremely tender, and the patient became faint when they were examined even ſlightly. Theſe circumſtances naturally induced a belief that ſome diſeaſe was taking place; and bleeding and purging were employed to prevent its progreſs. The ſymptoms were mitigated for a time by theſe means, but they quickly returned with as much ſeverity as before. After three months the patient came to London, fully perſuaded that nothing but an operation would be of permanent benefit. When I firſt ſaw her, ſhe tottered in moving from one chair to another, and replied to queſtions with heſitation and effort. Her eye-ſight was ſo much affected, that ſhe could not read; and ſhe entertained an apprehenſion that ſhe ſhould loſe her ſenſes. Her tongue was but ſlightly furred; her bowels were habitually coſtive, and the ſtools dark coloured. It was evident where the injury had been received; for the aponeuroſis had been ſeparated from the

the pericranium by an effuſion of blood; and, though this blood had been abſorbed, the detachment of the ſcalp was diſtinguiſhable by the touch. No inequality was perceptible in the ſurface of the bone. When I mentioned my ſuſpicion that theſe ſymptoms were rather the effect of irritability of conſtitution, dependent on the ſtate of the ſtomach and bowels, than of local miſchief, ſhe gave not the leaſt credit to the opinion; but ſaid ſhe was perſuaded that the bone was ſtarred, and that three fiſſures extended in different directions. I ordered her to take five grains of the pilul. hydrarg. every ſecond night, and a draught twice a day, containing one ounce of the compound infuſion of gentian, two drams of the infuſion of ſenna, and one dram of the compound tincture of cardamoms. Theſe medicines produced a conſiderable purgative effect. On the ſecond day there was but little pain in the head; the patient walked about the room very ſteadily, and had read a newſpaper in the morning. When I aſked her opinion of this ſurpriſing alteration, ſhe imputed it to the evacuations which had taken place; but ſhe was ſtill perſuaded that the

bone

bone was injured, and ſtill apprehenſive that, without ſome operation, ſhe ſhould ultimately loſe her ſenſes. The medicines were continued in ſuch quantity as to procure only one alvine evacuation daily. A fortnight elapſed under this plan of treatment, during which the ſtools became nearly of a natural colour, and the patient's health was conſiderably amended. There were times when no uneaſineſs was felt in the head; and, during ſome nights, the pain was ſo trivial as to give but little interruption to her ſleep. It was, however, occaſionally diſturbed by pains, which were, in her opinion, as intenſe as at any former period of the complaint. Her pulſe was good, and her muſcular ſtrength greatly improved. The occurrence of the pain in paroxyſms ſtrongly impreſſed me with the belief that it was nervous, rather than depending upon local diſeaſe. Under theſe circumſtances all ideas of an operation were diſmiſſed from my mind, but it was far otherwiſe with reſpect to the patient. Being obliged to return into the country, ſhe conſidered the poſſibility of a relapſe with horror; and was ſo convinced that the bone had been injured, that

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ſhe earneſtly requeſted it might be examined, were it merely to aſcertain what was the fact. I ſaw no objection to this examination, but thought, on the contrary, that advantage might poſſibly ariſe from an inciſion, which would looſen the tenſion of the ſcalp, and produce a diſcharge that might relieve the irritation of the part. I accordingly made an inciſion of a ſemicircular form, extending farther back than the part which had been ſtruck, and turned up a portion of the ſcalp, ſo as to ſee the bone, covered by its pericranium, to the extent of a crown piece. The bone was uninjured, and, together with the pericranium, appeared perfectly natural. The ſcalp being replaced, the wound was dreſſed ſuperficially, without any attempt to favour the union of the parts. If they united under theſe circumſtances, there would be an additional reaſon for believing, that neither the bone nor the ſubjacent parts were diſeaſed. The pain was as ſevere for the two firſt days and nights after this examination as it had been at any former period; it abated when the wound began to diſcharge, and had en-

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tirely ceaſed on the fifth day. This ſtate of tranquillity continued as long as the patient remained in town, which was about three weeks after the diviſion of the ſcalp. The wound at that time had nearly healed. She has ſince had occaſional returns of pain in the head when her general health has been diſordered, but never to that degree as to induce a ſuſpicion that any local vaſcular diſeaſe exiſted.

To exhibit the effects of the re-action of diſorders of the digeſtive organs upon thoſe of the head in another point of view, I ſubjoin the following caſe.

CASE.

May 29, 1805, a labouring man, aged forty-five, fell from a conſiderable height upon his head, and was immediately brought to St. Bartholomew's Hoſpital. No fracture of the ſkull could be diſcerned; and the patient ſeemed to labour under the effects of violent concuſſion of the brain. By vene-

ſection

section and other antiphlogistic means, he soon recovered his senses. Every thing went on very favourably for three days, when he was attacked with shivering, nausea, pain in the head, impatience of light, and other symptoms, which usually are considered as denoting inflammation of the membranes of the brain. He was consequently bled; and had a blister applied on the head. He was suddenly seized in the evening with a more excruciating pain in the head, which, after lasting half an hour, was succeeded by convulsions, so violent that three men could scarcely hold him. When the fit abated, he expressed himself much relieved, and said that he was easier than before its accession. Some calomel and rhubarb were given to obviate a costive state of his bowels. On the next morning (June 2nd.) he had a return of the pain and convulsions; and the symptoms were so violent, that he was bled four times in the course of the day. This treatment, however, had no effect in diminishing the pain and other symptoms, and another fit of convulsions took place in the evening. The purgative operated

on

on the ſucceeding night, and brought away a large quantity of highly-offenſive feculent matter of a light greeniſh-yellow colour. On the 3d of June his breath was extremely offenſive; his ſkin hot and dry; his pulſe quick; his tongue thickly furred; and he had great tenderneſs in the epigaſtric region, and right hypochondrium. He was ordered to take two grains of calomel immediately, and a ſaline medicine at intervals; this produced two motions in the courſe of the day. By purſuing this plan for a few days, the ſtate of his bowels was rendered more regular, and the diſcharges acquired a healthy colour; in proportion as this was effected, the tenderneſs of the abdomen was removed, and the tongue became clean. He had no return of convulſions, the pain and other ſymptoms ſubſided, and in a ſhort time, when the digeſtive organs had been reſtored to a natural ſtate, he went out of the Hoſpital perfectly well.

Caſes of this deſcription have been noted from the earlieſt ages. Many paſſages are to

to be met with in Galen, that ſhew that he was well acquainted with the circumſtances that have been ſtated in this ſection. Bertrandi * has related inſtances of abſceſſes taking place in the liver conſequent to injuries of the head. Andouillé † relates additional caſes, and makes further obſervations on the ſame ſubject. Of late, Richter ‡ has delivered ſimilar opinions, and has directed the practice which ſhould be purſued, when the head is diſordered by the re-action of affections of the digeſtive organs. Still however theſe circumſtances ſeem to me to be ſtated rather as occaſional, than as occurrences which are common and naturally to be expected, and I therefore think myſelf warranted in ſuppoſing, that they have not made a ſufficient impreſſion on the minds of Surgeons, in this country at leaſt.

I beg leave, in the concluſion of this ſection, to repeat what was ſaid in the former

* Mémoires de l'Academie de Chirurgie, tom. 3, p. 484.

† Ibid, p. 506.

‡ Chirurg. Biblioth. b. viii, p. 538.

one.

one, *viz.* that I conſider the diſeaſe as depending on nervous irritation in the parts affected, which is either cauſed, maintained, or aggravated by diſorders of the digeſtive organs. Yet as the local diſeaſe muſt be regarded as chiefly nervous, it might, in ſome rare inſtances, exiſt independently of any manifeſt diſorder of thoſe organs. I may further add, that much nervous irritation in any part generally excites vaſcular action. It becomes therefore highly important to attend to the nature and cure of ſuch diſorder, as it might ultimately lead to the production of organic diſeaſe, which would deſtroy the patient.

CASES.

CASES.

SECTION III.

I proceed to ſpeak of ſome diſeaſes of the throat, ſkin, and bones, which ſo much reſemble venereal complaints, that they are frequently treated as ſuch; but which take place without any reaſonable ground for attributing them to the abſorption of any morbific poiſon. A diſorder of the digeſtive organs conſtantly exiſts in theſe caſes; and produces, or at leaſt aggravates and protracts a ſtate of weakneſs and irritability of conſtitution; to which the origin of the diſeaſe muſt undoubtedly be referred.

CASE.

A gentleman reſiding in the country, who had been many years married, and whoſe

moral character prevented any ſuſpicion of his having expoſed himſelf to venereal infection, had an ulcer in the right tonſil, poſſeſſing every character of a truly ſyphilitic ſore. The figure of the ulceration was oval; it had extended itſelf deeply, and preſented a ſurface covered with adhering matter, and without the leaſt appearance of granulations. It had continued three months without amendment, although various medicines had been employed during that period. Theſe circumſtances impreſſed the minds of the medical attendants with an opinion, that the diſeaſe was venereal. On me they had a contrary effect. I thought that a venereal ulcer would have become materially worſe in that time, as mercury had not been uſed to arreſt its progreſs. Finding that the patient had a furred tongue, and diſorder of the digeſtive organs, I recommended, as the firſt object of attention, the correction of that derangement of the ſtomach, from which the ſore-throat had probably originated. The patient went to the ſea-ſide, where his throat was alternately better and worſe; but the dimenſions of the

the ulcer were not enlarged. Three months elapſed before I ſaw the patient a ſecond time; when I told him, that my argument againſt the complaint being venereal was greatly ſtrengthened. It was manifeſt that the diſorder, to which I had imputed the ſore, ſtill exiſted. Being unwilling however that the reſponſibility ſhould reſt entirely upon myſelf, I adviſed him to conſult another ſurgeon, who, judging of the nature of the ſore from its appearance (which indeed was ſtrikingly characteriſtical of venereal diſeaſe), recommended a courſe of mercury. The patient underwent, in conſequence of this advice, a regular mercurial courſe; during which the ſore got well. Between two and three months afterwards another ſore formed in the palate, which had the characters of a venereal ulcer, in a ſtill more ſtriking degree, if poſſible, than the former. It was ſituated juſt where the ſoft palate proceeds from the bone. It was of a circular figure, and ſo deep as to expoſe the bone. The circumference of the ulcer was tumid and inflamed; its edges were not ſmooth,

 but

but had a tendency to ulcerate. There was no appearance of granulations, and the difcharge adhered to the furface of the ulcer. The patient now applied to me again; when I repeated my original opinion, that thefe fores depended on the ftate of his health in general. He confulted another Surgeon, who recommended the ufe of the Lifbon Diet-Drink, with the application of the oxymel æruginis to the part; under which treatment the ulcer healed; and no other complaint has fince occurred, though two years have elapfed.

CASE.

A gentleman, who was habitually fubject in a great degree to diforder of the digeftive organs, had an excoriation of the prepuce, which had continued about three weeks, when copper-coloured eruptions came out all over his body, fo ftrikingly fimilar to thofe which are venereal, that fome of his medical attendants recommended the immediate ufe of mercury. It was however agreed

to

to delay the mercurial courſe for a little time; and to give the patient half a grain of calomel, with three grains of hemlock night and morning, and a ſolution of magneſia vitriolata in mint-water, ſo as to keep the bowels freely open. The ſpots began to die away almoſt immediately, and ſoon diſappeared altogether. The patient then mentioned that he had ſeveral times had the ſame kind of eruption, which had diſappeared in like manner upon taking ſome opening medicines.

In calling the reader's attention to thoſe diſeaſes of the bones which reſemble ſyphilitic affections, I ſhall not pretend to relate any caſe in detail; for Surgeons can ſeldom trace the progreſs of theſe diſeaſes for themſelves, but are obliged to rely on the doubtful hiſtory given of their patients. I ſhall endeavour to ſketch the principal parts of the ſubject, referring to particular caſes, merely to ſhew that the picture is not drawn from fancy, but is copied from nature.

I have been frequently conſulted on account of ſuppoſed venereal affections of the bones; where

where the periosteum has been thickened and tender, and the bone enlarged, and the concomitant pains have been so much aggravated at night as to deprive the patient of rest. The history of the case has removed all suspicion of a venereal origin; while general indisposition, a furred tongue, loss of appetite, and other attendant symptoms, have clearly indicated great disorder of the chylopoietic viscera. By attending to the state of the digestive organs in these cases, the patient's health is amended; the general rheumatic pains are diminished; sleep is procured; and the disease has receded almost entirely. After some time has elapsed, the bone may again swell, the swelling may again be checked, and return no more. Perhaps similar diseases may take place in other bones, at times very remote from the first occurrence of the disorder. If mercury be not employed, there are decisive circumstances in the history of the disease, which prove that it is not syphilitic. Sometimes suppuration takes place, and exposes the bone: this occasionally proves a kind of crisis to the disease at that part. But the circumstances of these diseases are so variable, as to preclude

preclude a complete enumeration of their ſymptoms.

I ſhall briefly mention the caſes of two patients, by whom I was conſulted about the ſame time, in order to identify the diſeaſes to which I allude. Both theſe gentlemen had been married for many years; and there was not the leaſt reaſon to ſuppoſe that any morbific poiſon had been imbibed. They became generally indiſpoſed, had reſtleſs nights, pain in the head and about the ſhoulders; and a painful thickening of the perioſteum of the tibia, with enlargement of the bone, took place. The chylopoietic viſcera were diſordered in both theſe caſes. One gentleman had uſed mercury repeatedly to a conſiderable extent, which produced a temporary alleviation of his diſeaſe; but his ſufferings ſeemed to be augmented upon the ceſſation of the mercurial excitement. The other patient never uſed any mercury. They both experienced a conſiderable mitigation of pain from thoſe medicines, which corrected the ſtate of the chylopoietic organs. Their diſeaſes were checked, and never became again ſo bad as before

before attention had been paid to the ſtate of the viſcera. Both theſe patients were better or worſe as the ſtate of the bowels varied; and they both gradually, but ſlowly, recovered.

Similar diſeaſes are ſo common, that I believe every ſurgeon of experience will admit that affections of the bones, with wandering pains, often occur from general diſorder of the health. I have never ſeen theſe caſes unaccompanied by diſorder of the chylopoietic organs; and I have always found them moſt benefited by whatever has tended to rectify the functions of theſe organs.

There was no reaſon, in any of the caſes alluded to, to ſuſpect the abſorption of poiſon. I will add another, to corroborate this ſtatement. A gentleman, who had been married about eight years, and had no venereal diſeaſe during that period, was ſeized with a violent fever. Shortly after his recovery, a thickening of the perioſteum on the parietal bone took place. The ſcalp was alſo much ſwollen, ſo as to threaten ſuppuration. He was at this

time

time in ill health, and had great derangement of the digeſtive organs. By ſuch attention to this latter diſorder as I have mentioned in former caſes, this ſwelling ſubſided, and no trace of it remained. The patient afterwards went into the country, where his health was ſtill more amended. In about twelve months he had ſeveral tumours of the ſame kind in different parts of the cranium; one alone threatened to ſuppurate: for theſe he underwent a mercurial courſe, which relieved them, ſo as to induce him to perſevere in it to an extent, which almoſt conſtantly cures venereal diſeaſe. His health, during the latter part of the mercurial courſe, being much diſordered by the medicine, his diſeaſes became proportionally aggravated; he therefore deſiſted from the uſe of mercury; at which time his complaints were but little better than at their commencement. Theſe diſeaſes, however, gradually got well in the ſpace of little more than a year; ſtill the patient continued in a bad ſtate of health, the ſymptoms of which were a furred tongue, indigeſtion, and faulty biliary ſecretion.

I add

I add another caſe, which came under the obſervation of Dr. Baillie. A ſtudent of medicine, who attended the lectures in Windmill-ſtreet, was obſerved to look very much out of health; and, on enquiry, it was found that he had nodes upon his ſhins, which ſo exactly reſembled thoſe that are venereal, that no doubt was entertained of their being of that nature. It was therefore earneſtly recommended to him not to delay the mercurial courſe, which ſeemed requiſite for the cure. He was very reluctant to comply with this advice, and declared upon his honour that he had ſimilar ſwellings before he had had any ſexual connection. This declaration made the mercurial plan be laid aſide; and the nodes got well by a ſtrong decoction of ſarſaparilla, without a ſingle grain of mercury being employed. Now, if this account be accurate, it ſhews that diſeaſes like ſyphilis can ariſe from diſorder of the health, even without any ſexual intercourſe.

All ſurgeons of experience will, I believe, admit that diſeaſes reſembling ſyphilis occur from

from diſorder of the health in general. In all the caſes which I have inſtanced there was not the leaſt reaſon to ſuppoſe that any morbific poiſon had been imbibed to produce the diſeaſes which exiſted. I wiſh much to have this point aſcertained or refuted by the general experience of ſurgeons. The caſes, which would tend to eſtabliſh it, muſt be of rare occurrence. All the inſtances, to which I have alluded, occurred in men who had been long married, and on whoſe veracity I could rely. There is alſo, in my opinion, ſufficient intrinſic evidence in each caſe to prove that the diſeaſe was not venereal. It was this kind of caſes which I had in view in my laſt publication, in diſcuſſing the queſtion whether thoſe diſeaſes, which may be denominated pſeudoſyphilitic, ariſe from ſome modification of the venereal poiſon, or from a peculiarity of conſtitution in the patients, who are expoſed to the action of truly ſyphilitic virus. I have there ſaid, that "it deſerves to be obſerved that diſeaſes reſembling ſyphilis do occur, without any reaſon to ſuppoſe that any morbific poiſon has been admitted into the ſyſtem."

I have

I have been induced to dwell upon this subject, which may perhaps be considered more speculative than useful, because, if the opinion were verified, it would explain the occurrence of pseudosyphilitic diseases in a very striking and satisfactory manner. If local diseases, resembling syphilis, may take place in the throat, skin, and bones, from a certain state of weakness, and irritability of constitution, then various modifications of animal matter being absorbed may so disorder the general health as to induce such a state of weakness and irritation, which is likely to produce those symptoms; and such symptoms are rather to be regarded as arising from the propensities of the constitution, than from the peculiar properties of the matter which is imbibed. It is shewn in my former publication, that the poison which produces pseudosyphilitic symptoms is sometimes absorbed without an evident breach of surface in the skin; sometimes from a trivial sore which soon heals; whilst, in other cases, it produces local sores of various and dissimilar characters.

If,

If, however, the reader ſhould doubt whether diſeaſes reſembling ſyphilis may ariſe without the abſorption of infectious matter, that doubt will probably be removed by the facts which are recorded in the next Section; for it will there be ſhewn that various and diſſimilar local diſeaſes originate from the ſame ſource, I mean from a ſimilar diſorder of the health in general.

CASES.

CASES.

SECTION IV.

The next claſs of caſes, to which I ſhall call the reader's attention, is that of unhealthy indurations, abſceſſes, and ſores. Sometimes but one local diſeaſe of this deſcription exiſts, but in general they break out in ſucceſſion in different parts of the body. The circumſtance of their ſucceſſive formation is, I think, a proof that they depend upon ſome error in the health in general; and I have accordingly obſerved that they are ſeldom, if ever, unattended with diſorder of the digeſtive organs. The imperfect hiſtory, which the patients generally afford of their previous ſtate of health, will not enable us to determine with certainty, that the diſorder of the bowels was the cauſe of their ill health and

ſubſequent

ſubſequent local diſeaſes; but I can confidently affirm, that thoſe diſeaſes in general become tractable, in proportion as the diſorder of the viſcera is corrected; and that frequently no new local ſymptoms occur, after ſome attention has been paid to the ſtate of the digeſtive organs. The diſeaſes to which I allude, have not been deſcribed in books of Surgery; and indeed it is ſcarcely poſſible to delineate with preciſion their various appearances. It would be quite impracticable to deſcribe all the diſeaſes which make the ſubject of the preſent ſection; namely, unhealthy indurations, abſceſſes, and ſores. They may be compared moſt juſtly, in variety and number, with the infinitely diverſified combinations and ſhades of colour. Yet a brief and general deſcription of them will aſſiſt to recall them to the remembrance of the experienced ſurgeon; and to enable the inexperienced practitioner to recognize them when they occur.

Some of theſe affections are quite ſuperficial, occupying merely the ſkin. The firſt

that I ſhall deſcribe is, I believe, well known to ſurgeons, as a diſeaſe, which is frequently, though not conſtantly, cured by giving mercury to ſuch an extent as ſlightly to affect the conſtitution. A ſmall induration or tubercle takes place in the ſkin, and this is followed by the ſucceſſive formation of others at ſmall diſtances from the original one. The ſkin between theſe tubercles becomes thickened. Chord-like ſubſtances, which are probably indurated abſorbents, may ſometimes be felt, extending along the thickened ſkin. The tubercles ulcerate, and form foul ulcers, which heal ſlowly and break out again.

Another ſpecies of ſuperficial or cutaneous ulcer begins generally in one point, and extends in every direction. The chaſm of the ulcer is formed either by a very ſudden ulceration, or by ſloughing. A ſore is left, which firſt ſecretes a ſanious, and then an ichorous fluid. Granulations afterwards ariſe, and the ſore heals. The granulations are however indurated and unſound; and when the patient ſuppoſes that the ſore is cured, it is ſuddenly reproduced

reproduced by a proceſs ſimilar to that by which it was originally occaſioned. After ſome time the ulcer again heals, and again breaks out. Whilſt theſe proceſſes are going on in the middle, the ſore enlarges in its circumference; the edges, which are thickened, become at times highly inflamed, and either ulcerate or ſlough. The diſpoſition to diſeaſe is aggravated by fits, and there are intervals when it is apparently tranquil. When this ſore has enlarged to a conſiderable extent, in the manner already deſcribed, the central parts, which have healed unſoundly, break out into ſeparate ulcers; and thus preſent an appearance of ſeveral ſores, connected with each other by indurated ſkin or newly-formed ſubſtance.

I ſhall briefly mention ſome of the principal circumſtances relating to the laſt ſore of this deſcription, which came under my care. The patient, who had been ill for more than two years, and had taken a great deal of mercury, came from the country in very bad health, and with his digeſtive organs much diſor-

dered. The ſore was ſo painful, particularly at night, that he was in the habit of taking a good deal of opium to procure reſt. It occupied the back of the hand and wriſt. He had had ſomewhat ſimilar ſores on his head and face; but they were nearly healed, though diſpoſed to ulcerate again. By that attention to the ſtate of the bowels which I have deſcribed, and by dreſſing the ſore with an aqueous ſolution of opium, the greater part of it was healed in the ſpace of three weeks; and the remainder was ſo much amended, and ſo little painful, that he had left off his opium ſhortly after the commencement of this treatment. As the patient's circumſtances made it inconvenient to him to remain in town, he went into the country, where the ſore broke out again. He then applied to a perſon who ſold a famous diet-drink; and before he had taken twelve bottles, the ſore was perfectly healed, and has not ſince broke out. The diet-drink, he ſays, had no ſenſible operation; but his bowels became regular and comfortable, and his appetite amended by taking it.

Another

Another variety of theſe ſores originates in a more deeply ſeated diſeaſe. The cellular ſubſtance under the ſkin becomes thickened, and an unhealthy abſceſs follows; after the burſting of which, a foul ſore is formed. In conſequence of this proceſs, the faſcia of the limb is ſometimes expoſed to view, and ſeems to have ſloughed: when the ſlough has ſeparated, the diſeaſe may get well ſlowly. In many caſes, however, there is no expoſure, nor ſeparation of the faſcia. Sometimes the ſore does not extend beyond the limits of the original induration, but heals ſlowly; while other diſeaſes of the ſame kind occur in ſucceſſion in various parts of the body. In other caſes, the ulceration of the original ſore ſpreads along the contiguous parts, whilſt thoſe which were firſt affected get well; and thus the ſore aſſumes an herpetic character. In many caſes the ulceration extends from the whole circumference of the ſore, and thus the ſcar and ulcerated edges have a circular or oval form; in others, the diſeaſe is propagated in particular directions, ſo that the

 ulcerated

ulcerated ſurface preſents the moſt irregular and peculiar figures.

Theſe diſeaſes ſometimes are ſmall in extent in the beginning, but enlarge conſiderably before the ſkin gives way; and, when this happens, it proves a kind of criſis to the diſeaſe, which afterwards heals ſlowly. In theſe caſes it becomes the object of ſurgery to bring the diſeaſe to a criſis, whilſt it is yet of ſmall extent; which may be effected by producing ulceration of the ſkin by means of cauſtic.

Some of theſe ſores are formed from diſeaſes beginning in the abſorbent glands; in which caſe the gland, having firſt been indurated, ſuppurates and burſts, and ulceration enſues. When this circumſtance has taken place, in an abſorbent gland of the neck for inſtance, another ulcer may form, in the manner above ſtated, in the ſkin and ſubjacent parts, without any gland being involved in it. A third ulcer, having a diſeaſed gland for its cauſe, may form in the vicinity; and thus the diſeaſe proceeds without any regularity.

I once

I once thought it a neceſſary but moſt difficult taſk for a ſurgeon to remark the varieties of theſe diſeaſes, in order to underſtand his profeſſion, and contribute to its improvement. But, ſince I have found that theſe diſeaſes indicate ſome diſorder of the health in general, the correction of which is the great object in their cure and prevention, I have perceived that there is leſs neceſſity for undertaking this moſt arduous inveſtigation; which, indeed, could never be accompliſhed without very extenſive opportunities and indefatigable diligence.

It will be found in the majority of theſe peculiar diſeaſes, that the patient had been indiſpoſed for ſome time before the occurrence of the complaint, and, that afterwards the health had become more evidently deranged. The digeſtive organs are diſordered. The tongue is furred at the back part, chiefly in the morning; and the biliary ſecretion is deficient or depraved. My attention has been directed to the correction of this diſorder; and the moſt beneficial effects have reſulted from

from this attention. The ſores have healed readily in ſome inſtances; and, in thoſe caſes where many had formed in ſucceſſion, no new diſeaſe has in general taken place. In ſome few inſtances, new ſores have formed after the medical treatment of the diſorder had commenced, and even after it had been for ſome time continued. This probably ariſes from the difficulty, which is experienced in correcting an habitual and long continued conſtitutional diſorder. In ſome ſtill rarer caſes I have found ſimilar but much milder diſeaſes ariſe, after the diſorder of the digeſtive organs had been in a great degree corrected.

Whilſt I am writing this, there are four patients, whom I have attended in St. Bartholomew's hoſpital, with theſe diſeaſes; which I mention, to ſhew the younger part of the profeſſion how frequent they are. The health of theſe patients has been ſurpriſingly amended in a very ſhort period, by employing the means which I have deſcribed; and the ſores have healed rapidly, although nothing but ſimple dreſſings have been applied to them.

It

It is not meant by theſe obſervations to depreciate the utility of topical applications to diſeaſed ſores, but merely to ſhew how much they depend on the ſtate of the health in general; for ſome of them, which have remained uncorrected by a great variety of local applications, will get well under ſimple dreſſings, when the ſtate of the conſtitution is amended. It is not, however, to be expected that this will generally happen; for local diſeaſed actions have been excited, are eſtabliſhed, and may continue, independently of the cauſe which produced them. Topical remedies will, under theſe circumſtances, be employed with the greateſt advantage. Again, topical applications are of the higheſt utility in general practice, becauſe an irritable ſore affects the whole conſtitution, and aggravates and maintains that diſorder by which it might have been originally cauſed. The diſorder of the digeſtive organs cannot in many inſtances be corrected, till the fretful ſtate of the local diſeaſe is diminiſhed. I may further mention, with relation to this ſubject, that I have ſeen patients who ſcarcely ever ſlept, from the pain of

of the local diseafe, whofe ftomachs were greatly difordered, and who had a diftreffing purging, which could only be controlled by opium, fleep without interruption during the night: regain their appetite, and have their bowels become tranquil and regular, when, after various trials, a dreffing has at laft been applied, which quieted the irritable ftate of the fore. It is right however to mention, that the effects of fuch an application are not, in general, permanent; but after a time the fore becomes again fretful, and requires fome new dreffing to foothe or controul its irritability.

I have feen fome cafes of fuch difeafed fores as I have defcribed, in confultation with other furgeons, who have become convinced that my opinions are well founded. Others have occurred, even in the perfons of medical men, whofe feelings co-operated to render their conviction more ftrong.

Having thus, by general obfervation, imbibed the opinion that the peculiarities of local

local diſeaſe depend chiefly on the ſtate of the conſtitution, I ſhall relate ſome caſes, which were treated in conformity with the principles which ſuch an opinion would naturally ſuggeſt. I muſt, however, previouſly caution the reader againſt inferring, that I attribute all local diſeaſes to ſome general error in the ſtate of the health. I have ſeen local diſeaſes, which could not be deduced from any general indiſpoſition, nor corrected by remedies which act on the conſtitution at large. I wiſh to guard againſt the ſuſpicion of being inclined to make general aſſertions; while I avow at the ſame time, that my obſervations induce me to believe, that the peculiarities of local diſeaſe generally depend upon conſtitutional cauſes. Reaſon alſo ſuggeſts the ſame opinion; for if ſores of the ſame character break out in ſucceſſion in different parts of the body, can we doubt but that they ariſe from the ſtate of the health in general?

There appears to me a combination of nervous irritability and weakneſs, and to ſuch a combination

tion I am inclined to attribute the peculiarities of theſe variable and unclaſſed local diſeaſes. Perhaps I may explain my meaning further, by adverting to what happens not unfrequently in caſes of venereal and other buboes. The part and the conſtitution have been both weakened by the diſeaſe that has occurred; they have been further debilitated by the mercury employed for its correction. The diſeaſe ſubſides, but a new diſeaſe and action commences; a trivial wound frets out into a phagedænic ſore, which is very difficult of cure. The ſores, in different caſes, are nearly as various in appearance, as thoſe of which I have been ſpeaking. To what are we to attribute theſe diſſimilar, perplexing, peculiar ſores, if not to irritation occurring in weak and irritable parts? As the peculiar diſeaſed actions of theſe ſores originate chiefly from the weakneſs and irritability of the parts, induced by the previous diſorder which they have undergone; ſo in their advanced ſtages they frequently preſent the beſt inſtance, that can perhaps be adduced, of a peculiar local diſeaſe exiſting

ing independently of conſtitutional diſorder. It is true they affect the health in general; but it may, by attention, be kept in a moderately right ſtate, and yet the ſore remains unamended. The diſeaſed actions of theſe ſores ſometimes gradually, and ſometimes ſuddenly ceaſe; when healthy actions ſucceeding, the ſore heals. I remember a ſore of this deſcription, to which almoſt every variety of dreſſing had been tried without benefit. It was very extenſive, and had burrowed in various directions beneath the ſkin. The ulceration at length became ſtationary; but after nine months the ſore ſtill remained as foul and fretful as it had been for a conſiderable time; when in the courſe of one week it perfectly cicatrized, leaving the hollows which I have deſcribed; for it had thrown out no granulations to fill theſe chaſms.

Having thus ſtated the opinions, which I have formed, relative to theſe kinds of local diſeaſes; and which were deduced from caſes too numerous to record, of which I have preſerved no accurate accounts; I proceed to

relate

relate ſome caſes treated in conformity to theſe opinions, which will, I truſt, be ſufficient to exemplify and illuſtrate the preſent ſubject.

CASE.

A gentleman's ſervant, between thirty and forty years of age, was ſent to me with a bad ulcer in his cheek, ſituated between the noſe and under eye-lid. The ſurrounding parts were inflamed, ſwoln, and indurated, ſo as to riſe fully half an inch above their natural level. The ſore was of an oval figure; meaſuring about an inch and a half in length, and half an inch in breadth and depth; indeed I could ſcarcely ſee its bottom. The ſurface was covered by adhering matter of a greeniſh hue. The cuticle round the margin was thickened, and had in ſome parts ſcaled off. The patient had been rubbing in the mercurial ointment for this complaint. He declared that he had had no chancre for many years, but had contracted a gonorrhœa about a year before his preſent

preſent diſorder. His health was much diſturbed; he had no appetite; his tongue was much furred and tremulous; his bowels alternately coſtive and lax; his fæces blackiſh. I advifed him to take five grains of rhubarb about an hour before dinner, and five grains of the pil. hydrarg. every ſecond night, with caſtor oil or ſenna tea occaſionally, ſo as to procure a motion daily. The ſore was dreſſed with ſperma ceti cerate. I ſaw him again in three days; when he ſaid that he felt himſelf under the greateſt obligations to me. He had been entirely free from pain and diſtreſsful ſenſations, ſince he began to take the medicines; although he declared, that before that time, he ſhould have been thankful to any one who would have deſtroyed him. I mention this, becauſe I have often remarked in theſe caſes, the ſurpriſingly great relief and comfort which have ariſen from a change, produced by means apparently inſignificant and inadequate. The bowels now acted regularly, and the ſtools were more copious and of a more natural colour, and to this correction of the biliary

ſecretions

ſecretions I am inclined to impute that relief, which he ſo forcibly depicted. The ſore had diſcharged profuſely; the ſurrounding ſwelling and inflammation were much leſſened. He purſued the ſame plan of treatment for a month; during which time he recovered his appetite; his tongue became clean; his bowels regular, and the biliary ſecretion natural. The ſore had contracted into a ſmall compaſs, but without the appearance of granulations; and the ſurrounding parts were not ſwoln, though ſtill red. His health became at this time again much diſordered, in conſequence of his catching cold, from expoſure to rain. He had pain in the bowels, with a ſlight purging; his appetite failed; his tongue was furred; and he had a ſevere cough, attended with copious expectoration. The ſore on the cheek alſo enlarged to about one half of its former ſize: and the ſurrounding parts became tumid. I had the patient admitted into St. Bartholomew's Hoſpital, where he took the decoction of caſcarilla with ſquills. His cough got materially better in a ſhort time: the ſtate of his ſtomach and

and bowels alſo greatly improved. The ſore again diminiſhed in ſize. About a fortnight after his admiſſion into the hoſpital, an eruption came out over his whole body. The ſpots were of a copperiſh hue, but rather ſmaller, and more elevated, than venereal eruptions generally are *. Some of the eruptions gradually diſappeared; and, in about a fortnight, it was certain that many were entirely gone. About this time he began to complain of his throat; and an ulcer, of the ſize of a ſhilling, formed in each tonſil. The edges of theſe ſores were elevated, and uneven, without any appearance of granulations; the ſurface was covered with yellow adhering matter. The patient now again caught cold: he was attacked with pain in the bowels, and purging, which obliged him to get up frequently in the night, and to remain for ſome time out of bed. The cough and expectoration returned: he loſt his appetite; and had a furred tongue. Dr. Roberts, whom I met at the hoſpital, did me the fa-

* Many perſons who ſaw this patient did not entertain a doubt but that all the ſymptoms aroſe from ſyphilis; it was their progreſs alone which evinced the contrary.

vour to preſcribe for him. In a day or two afterwards, an eryſipelatous inflammation appeared on the right ſide of his face, oppoſite to the ſituation of the ſore. The eyelids were ſo tumid that he could not open them: the eryſipelas ſpread to the other ſide of the face; and the other eye was equally cloſed. The fever alſo ran very high, and the patient became delirious; ſo that he was obliged, for many days, to be confined by a ſtrait waiſtcoat. Theſe ſymptoms gradually abated, and he recovered, ſo as to be in better health than I had ever ſeen him. He was diſcharged in about ſix weeks, in a ſtate of convaleſcence; and attended Dr. Roberts as an out-patient. The eruption and ſore throat had entirely diſappeared; the original ulcer was firmly healed; and the contiguous ſkin had become ſoft and natural, though it was ſtill diſcoloured. A year has ſince elapſed, and he has had no return of his complaints.

It is, I think, ſufficiently evident, in the preſent inſtance, that the peculiarities of the local diſeaſes had their origin in the ſtate of the conſtitution.

CASE.

CASE.

I was consulted, by a medical gentleman in my neighbourhood, on the case of a lady about forty years of age; who had been long subject to dyspepsia, and severe head-aches. Her present and chief complaint had been of about three months duration. It began with weakness, and an apparent irregularity in the motions of the lower extremities, attended with considerable pains resembling rheumatism, and rigidity of the calves of the legs. These symptoms increasing, she was unable, in the course of a month, to move about at all; but was obliged to be lifted in and out of bed. At this time an induration of the muscles of the calf of each leg had taken place. The indurated substance was about three inches in length, and between two and three in breadth. It was severely painful at times, and the integuments covering it were occasionally inflamed. There was also some pain and swelling in the ham. Leeches, sedative lotions, and mercurial oint-

ment had been applied, cicuta and tonics had been given, but without alleviating the ſymptoms. I firſt ſaw the patient about ſix weeks after ſhe had been obliged to keep her bed entirely; and the peculiarities of the preſent caſe led me at once to refer its origin to the ſtate of the health in general. The appetite and digeſtion were impaired, the tongue was much furred, and the fæces blackiſh. I merely recommended fomentations to the indurated parts, conſidering it the primary object to correct the morbid ſtate of the digeſtive organs. With this view the compound infuſion of gentian with the infuſion of ſenna and tincture of cardamoms was given, in ſuch doſes as to procure an adequate evacuation daily, and five grains of the pil. hydrarg. were taken every ſecond night. Theſe ſimple medicines were completely ſucceſsful: after taking them a ſhort time, the diſcharges from the bowels were natural, and properly coloured with bile. The appetite returned; the tongue became clean, and the pains almoſt immediately ceaſed. No cutaneous inflammation indicating a diſpoſition to ſuppuration, appeared again

again over the indurated parts, which gradually recovered their natural ſtate. In a fortnight the patient could go about with a ſtick, and in two months could walk as well as before her complaint. She has enjoyed better health, ſince this time, than for many years before *.

CASE.

A gentleman, thirty-two years of age, who had been ſubject for ſeveral years to occaſional attacks of ſevere pain in the bowels, was ſeized, about the end of Auguſt, with a violent purging, which continued for a fortnight, and was attended with fever. About a month afterwards, he felt pain in his leg at night, which became gradually continued even during the day, and obliged him

* The ſtate of the indurated muſcles, in this caſe, was ſuch as would lead to the belief that ſuppuration would take place in different parts of the hardneſs; indeed, I have ſeen many caſes leſs formidable in appearance terminate in that manner. Seeing how much the irritability of muſcles is diſordered by that ſtate of conſtitution which I have been deſcribing, I think it is allowable to conclude that moſt of the organic diſeaſes of muſcles originate from this cauſe.

to confine himſelf to bed. In the beginning of October a ſwelling was perceived near the inner ankle, which ſuppurated, and was opened on the twentieth of the ſame month. Two large tea cups full of dark-brown matter were evacuated. The diſcharge continued profuſe for ſome time, and afterwards diminiſhed. Four other ſmall gatherings then took place in ſucceſſion, and burſting continued to diſcharge; each aperture fretting out into a foul ſore. About the beginning of February I firſt ſaw this caſe, which was conſidered as a diſeaſe of the bone. The five ſores had apertures in them leading to ſinuſes, which communicated with each other. A probe introduced into one of theſe, near the bottom of the tibia, could be moved upwards and downwards along the ſurface of the bone, which was not, however, denuded. From an upper ulcer the probe could be paſſed behind the bone, and under the muſcles of the calf; this indeed ſeemed to be the original ſeat of the abſceſs, from which the ſinuſes proceeded to their different outlets. The integuments were œdematous, and firm to the touch; ſo that I could not diſ-

tinctly

tinctly feel the outline of the tibia; but I thought that the bone was not altered either in form or ſize. The firmneſs with which the patient ſtood upon the limb, and the want of aching pain in the bone contributed alſo to make me believe that it was not diſeaſed, and that the whole diſorder conſiſted in an unhealthy abſceſs, the diſcharge from which had cauſed various ſinuſes in the manner already deſcribed. I could not but attribute ſuch a diſeaſe to a general diſorder of the health, and indeed the patient's countenance and appearance indicated a conſtitution much weakened and harraſſed by illneſs. His tongue was furred, and the diſcharges from the bowels were irregular, deficient in quantity, and of a blackiſh colour. With a view to the correction of theſe ſymptoms, I directed the patient to take five grains of the pil. hydrarg. every ſecond night, and the infuſion of gentian with ſenna, ſo as to procure one motion daily. But little benefit was obtained by theſe meaſures; and in about a fortnight afterwards a thickening of the integuments took place over the fibula; a conſiderable ſwelling gradually aroſe, and another abſceſs formed, which

which burſt in about three weeks, and diſcharged a conſiderable quantity of browniſh matter mixed with blood. During this time the limb was merely poulticed, and the patient could not leave his bed. His pain was extreme, and he had no reſt at night. The uſe of opium was neceſſary to alleviate his ſufferings, and opening medicines occaſionally to procure ſtools. He took but little nouriſhment, and his health greatly declined. The diſordered ſtate of the ſtomach and bowels was much aggravated by this local irritation. Indeed, the ſituation of my patient was now particularly perplexing. The local diſeaſe made the general health worſe; and the aggravation of this general diſorder, which appeared to have been the cauſe of the local diſeaſe and of its continuance, proportionately increaſed the latter malady. The confinement to bed afforded an additional obſtacle to recovery; yet it was impoſſible to remove him in his preſent ſtate, on account of the pain which motion occaſioned. The leg was inſupportably painful in a dependent poſture. As change of air and exerciſe ſeemed eſſential to his recovery, I was induced to try if Mr. Baynton's excellent

excellent bandage, by ſupporting the weakened veſſels, would prevent their diſtention, and the conſequent pain. The ſores were dreſſed, after as much matter had been expreſſed from the ſinuſes as could be done without occaſioning pain. Strips of ſticking-plaiſter were applied after the manner of a many-tailed bandage; and the limb was afterwards rolled with a calico roller. The patient felt comfortable, and found his limb ſtrengthened. He was directed to wet the roller, if the parts became heated. The effect of this treatment was ſurpriſing both to the patient and myſelf. The pain, which had been conſtant before preſſure was employed, ceaſed from the time of dreſſing till five o'clock on the following morning; but from that time it gradually increaſed till noon, when the dreſſings were renewed. The cauſe of this occurrence now became manifeſt; for, upon opening the bandage, more than a tea-cup-full of matter was diſcharged from the different ſinuſes. I dreſſed the limb as before, cutting holes for the eſcape of the matter oppoſite to two of the chief ſinuſes. I deſired the patient to put his leg to the ground, in order

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to aſcertain the effect of the perpendicular poſition when the veſſels were ſupported; and he experienced no inconvenience. This day paſſed, as the former, without pain; and, as the matter poured into the ſinuſes readily eſcaped, he had no uneaſineſs from its detention. I recommended him to ſit up, and put his leg to the ground ſeveral times in the day, in order to accuſtom it to that poſition. After I had dreſſed it on the third morning, the patient ſtood up, and took two or three ſteps very feebly; but this was rather the effect of general weakneſs than of particular infirmity in the diſeaſed limb. I now adviſed him to go a little way out of town in a carriage. The air and exerciſe, together with the freedom from pain, produced a very beneficial effect. He began to recover his appetite, ſlept at night, and acquired ſo much ſtrength, that he was able in a week to go about his houſe, and to reſume his attention to buſineſs. The diſcharge from the ſinuſes was very trifling, and the ſores looked much better. The patient now undertook to dreſs his leg himſelf, and hired a lodging out of town, ſo that I only ſaw him occaſionally. His limb was

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ſo much amended in the courſe of a fortnight, that it cauſed no more trouble than that of daily dreſſing. But his health was not good. His countenance had the ſame expreſſion of illneſs as when I firſt ſaw him; his tongue was white and dry; his bowels coſtive; and the ſtools of an unhealthy colour. I therefore recommended him to take again the ſame medicines which I had formerly ordered him. His health now improved; his tongue became moiſter, and leſs furred; the bowels more regular; and the fæces coloured with a more healthy bile. He continued recovering till the middle of April, when he began to complain of the trouble of applying the ſticking-plaiſter, and uſed the calico roller alone. I did not ſee him for three weeks, and then found him in a very deſponding ſtate. He complained of the tedioufneſs of his confinement, which had laſted more than half a year, and ſaid that he would willingly ſubmit to have the ſinuſes laid open, if that would make him well. I found his leg well, excepting two orifices near the tibia; three ulcers, which formed the apertures of as many ſinuſes, had healed;

healed; the outline of the bone could be diftinctly felt; and there was no alteration of it in form or fize. I was unable at firft to account for this defpondency under fuch favourable circumftances; but I foon difcovered that it was the effect of hypochondriafifm. For his tongue was much furred and dry; and at the fame time that he left off the bandage, he had alfo difcontinued his medicines. I urged him to return to them immediately; and called on him again in ten days, when he perceived clearly the abfurdity of his late defpondency, as well as its caufe. He called on me on the 10th of July, with a new fwelling near the upper part of the tibia, which threatened to form an abfcefs, fimilar to thofe which had formerly taken place. I covered the limb with the bandage of fticking-plaifter, as at firft. The new difeafe difappeared entirely; and the old ones were fo much benefited by the exact and equal preffure, that the patient felt no difference between the found and the affected limb. The ulcers gradually healed, and his health is better than it has been for fome years: yet ftill there is an evident

dent tendency to diſorder of the digeſtive organs.

If upon an extenſive and accurate examination of the ſubject it were to appear that many very peculiar and very diſſimilar local diſeaſes originate from a common cauſe, namely from weakneſs and irritability of the ſyſtem in general, our enquiry would be further extended, and we ſhould feel anxious to know whether ſimilar cauſes may not operate in the production of more common and more frequent local diſorders. As far as my late obſervations have enabled me to determine, that ſtate of the digeſtive organs, which I conſider as denoting conſtitutional diſorder, exiſts prior to the formation of a carbuncle; and is exacerbated during the progreſs of that diſeaſe. This opinion indeed will appear probable, if we conſider the kind of perſons who are attacked with carbuncles, and the conſiderable derangement of health, which even a trivial local diſeaſe of this nature occaſions. I ſhall mention but one caſe in ſupport

port of this opinion, though I have made ſimilar remarks in ſeveral other inſtances.

CASE.

I attended a gentleman, who was afflicted with carbuncles, during three ſucceſſive attacks, at the interval of about a year between each. I made an inciſion through the indurated ſkin, down to the ſubjacent ſloughy cellular ſubſtance, and thus brought the local diſeaſe to a criſis. This treatment was ſufficient in the two firſt attacks; the extenſion of the diſeaſe was prevented; the ſloughs ſeparated, and the wound healed. The patient, whoſe mode of life was intemperate, had cough; difficult reſpiration; fullneſs and tenderneſs of the parts ſituated in the epigaſtric region; unhealthy ſecretion of bile; and in ſhort, all thoſe ſymptoms which denote a very conſiderable degree of diſorder of the digeſtive organs: it is probable indeed that ſome organic diſeaſe of the chylopoietic viſcera exiſted. After he had recovered from

the carbuncle, I told him that the moſt important diſeaſe ſtill exiſted; and urged him to be attentive to his diet, and to the directions of his medical attendants. He ſtill however continued to live intemperately, and his diſorder increaſed. He was indeed nearly dying from diſeaſed viſcera, when he was attacked with carbuncle for the third time. The diviſion of the parts produced a temporary ceſſation of the diſeaſe; but it began again to ſpread in every direction from its circumference, and he died.

It will not, I believe, be doubted, that boils are a ſlighter degree, with ſome variation, of the ſame diſeaſe, which cauſes anthrax and carbuncle; and it is almoſt unneceſſary to remark, that ſome perſons are ſubject to a ſucceſſive formation of very large and troubleſome boils from the leaſt irritation of the ſkin. I have ſeen many perſons thus affected; and there has been in every inſtance diſorder of the digeſtive organs, the correction of which has prevented the return of theſe vexatious local diſeaſes. One gentleman,

tleman, who had been tormented for many years by the quick ſucceſſive formation of boils as large as eggs, has been free from them for ſome years; though he has had other diſorders which denote ſuch a condition of the conſtitution, as it has been my object to deſcribe in this paper.

I have remarked in many inſtances that diſeaſes of the abſorbent glands, ſuch as are uſually and juſtly denominated ſcrofula, occurring in adults, have apparently originated from the diſorder which I have deſcribed. In ſeveral caſes the local diſeaſe was of long duration, and had become worſe rather than better under various plans of medical treatment; yet it amended regularly, and ſometimes even quickly, in proportion as the ſtate of the digeſtive organs was corrected. I need not detail any caſes on this occaſion, ſince every ſurgeon muſt know them familiarly. The patients are commonly ſent to the ſea-ſide, or into the country; where enlarged glands ſubſide, and thoſe which have ſuppurated and ulcerated heal; and the local

diſeaſe

difeafe recovers, in proportion as the health in general is amended.

There are cafes of fcrofulous difeafes occurring fuddenly, and in various parts of the body at the fame time, which feem to originate in that ftate of health, which is occafioned by diforder of the digeftive organs. I have chiefly obferved thefe cafes in children; and they have followed fome violent febrile affection. In two cafes which I fhall particularly mention, the fmall-pox was the antecedent difeafe. I have already ftated, that when the health has been confiderably difordered by fome violent difeafe, the digeftive organs may become fubfequently affected; and that this diforder proves a caufe of many fecondary difeafes.

CASE.

A child of two years old had the fmall-pox, from which he did not feem to recover, but, on the contrary got into a very bad ftate of

of health. The abſorbent glands on the right ſide of the neck became enlarged in ſucceſſion, ſo as to form altogether a very conſiderable tumour, which extended down to the collar bone. The axillary glands then became affected in the ſame manner; the ſwelling was unuſually great, and ſeemed to extend under the pectoral muſcle, elevating it, and forming by this means a continuation of tumour, with the glands of the neck. Theſe ſwellings had partially ſuppurated, and had broken in two places, viz. in the neck, and about the margin of the pectoral muſcle: but no relief followed; on the contrary, the maſs of diſeaſe ſeemed to be rapidly increaſing. The child was bowed forwards, ſo that the ſpine was much curved in the loins; the left leg appeared paralytic; and a ſwelling was perceived in the abdomen, which I could not but aſcribe to an enlargement of the external iliac glands. The child was extremely emaciated; his ſkin felt hot and dry; his tongue was covered with a brown fur; and the ſtools were black and highly offenſive. As there was no expectation that he could ſurvive this deſperate

desperate state, those medicines only were prescribed that seemed likely to correct the state of the digestive organs; such as occasional doses of calomel and rhubarb. A strict attention to diet was also recommended. Under this treatment the stools gradually became natural, and the tongue clean. The disease seemed to stop immediately. As the health was restored, the swellings rapidly subsided; and the child became one of the healthiest and stoutest of the family.

CASE.

A female child, after having had the small pox, got into bad health from disorder of the digestive organs. She was then suddenly attacked with a scrofulous affection of the knee and elbow of the opposite sides of the body. Two collections of fluid had taken place beneath the fascia of the leg and thigh. The joints were greatly enlarged, and the swelling was apparently caused by an increase in the size of the bones. Had I seen either

joint, as a ſingle caſe of diſeaſe, I ſhould have ſaid that it would leave the child a cripple. It was manifeſt, in the preſent inſtance, that theſe diſeaſes were the conſequence of ill-health; and that the firſt object was to correct the general diſorder of the ſyſtem The functions of the digeſtive organs, which were deranged, were reſtored to their natural ſtate, by employing the ſame diet and medicines which had been ſo ſignally ſucceſsful in the preceding caſe. By theſe means the health was re-eſtabliſhed, and the local diſeaſes gradually diſappeared.

I have heard it remarked by ſurgeons of great experience, that patients often recover when many ſcrofulous diſeaſes appear at the ſame time; although ſome of them may be ſo conſiderable, that they would ſeem to warrant amputation had they appeared ſingly. The caſes which I have related afford a moſt clear and ſatisfactory account of the mode of recovery. General irritation and weakneſs bring on diſeaſes, to which perhaps a pre-diſpoſition may exiſt, in ſeveral parts

parts of the body; theſe ceaſe when their exciting cauſe is removed.

After having attempted to ſhew that pſeudo-ſyphilitic and many other non-deſcript diſeaſes ariſe apparently from the ſtate of the conſtitution, and that carbuncle and ſcrofula are ſometimes conſequences of the ſame cauſe; it may be enquired, whether all theſe various affections originate from a ſimilar diſorder of the general health. If the ſame general diſturbance of the health can produce a great many varieties of local diſeaſe, it may produce many others, and even every variety *. If the actions of any part of the body are excited by accidental cauſes, it may be reaſonably inferred that, in a ſtate of health, they will be ſimple and common, unleſs the ſtimulant is of a peculiar nature. But if theſe actions are ſpecific and diſeaſed, we naturally conclude that the cauſe of their becoming

* Even in cancer, diſorder of the digeſtive organs appears to be antecedent to the local diſeaſe, and aggravated by its exiſtence; but whether this diſorder be the effect or cauſe of the conſtitutional diatheſis cannot be at preſent determined.

ſo is conſtitutional. The occurrence of ſimilar local diſeaſes in different parts of the body, furniſhes an additional proof that the cauſe of ſuch diſeaſes is conſtitutional. But although the caſes related in this paper naturally ſuggeſt an opinion that there is ſome conſtitutional cauſe for the production of local diſeaſes, they do not amount to a complete proof. Indeed I have never inveſtigated this point particularly, though it deſerves and admits of examination.

The ſubject may be viewed in another way: weakneſs and irritability occurring bring on thoſe local diſeaſes, to which a pre-diſpoſition exiſts; and thence the connexion which I have obſerved of ſuch diſeaſes with impaired health may be accounted for. The caſes contained in this paper are, in my opinion, inſufficient to determine whether the conſtitutional diſorder is to be regarded as the exciting or the pre-diſpoſing cauſe of the local diſeaſe.

I have alſo obſerved that diſeaſes of particular organs ſeem to originate, in many inſtances,

inſtances, from diſorder of the ſyſtem in general. The teſtis of the male ſubject, and breaſt of the female, have furniſhed me with examples of this obſervation. In the caſes to which I allude, the teſtes were alternately affected, enlarging conſiderably, and then ſubſiding *. I have met with numerous and intereſting caſes of ſuch diſeaſes of the breaſt; however, the relation of a few will be ſufficient to inform the reader of all that I know concerning this ſubject.

CASE.

A lady came to London, to ſubmit to the removal of a diſeaſed breaſt, if it ſhould be judged neceſſary. The diſeaſe had exiſted for more than two years. The breaſt of the affected ſide was one third larger than the other;

* The cauſe which excites and maintains alternate irritation and diſeaſe of the teſtes, generally reſides in the urethra; but there was no diſeaſe of that part, in the caſes which I now mention. The patients firſt became unhealthy, and diſorder of the teſtes followed. Similar affections are not uncommon in pſeudo-ſyphilis.

other; indurated in ſeveral parts; and ſo much enlarged and hardened in one place, that this might have been taken for a diſtinct tumour on a haſty and inattentive examination *. This part was ſituated near the margin of the pectoral muſcle. The diſeaſe had reſiſted the various means employed with a view to diſperſe it, ſuch as leeches, lotions, mercurial ointment, &c. It was occaſionally painful, and cauſed the patient ſo much mental anxiety, that the ſurgeon, who attended her in the country, thought it ſhould be removed. The mammary gland of the oppoſite ſide was far from being in a perfectly healthy ſtate; which circumſtance appeared to forbid an operation, ſince the ſame diſeaſe might take place afterwards in the oppoſite breaſt. The patient's general health was much impaired, her tongue was furred, her appetite deficient, her digeſtion

* It may not be improper to obſerve here, for the inſtruction of the younger part of the profeſſion, that if a breaſt containing a portion which is particularly indurated be examined with the points of the fingers placed circularly, the diſeaſe will feel like a ſeparate tumour; but i the flat ſurface of the fingers be moved over it, its true nature w il become manifeſt.

imperfect;

imperfect; the biliary secretion was disordered, and the bowels costive. I ordered her to take a compound calomel pill every other night, five grains of rhubarb half an hour before dinner, and the infusion of gentian with senna, so as to procure a sufficient evacuation of the bowels daily. Linen moistened in water was applied to the part in the evening, or when it felt painful and heated. This plan of treatment reduced the bulk of the diseased gland by at least one third in the course of a fortnight. The patient went afterwards into the country, still employing the same medicines; and was entirely free from the disease in three months, though she felt occasional shooting pains, which probably indicated that her health was not completely re-established.

CASE.

A lady consulted me on account of a considerable swelling of the breast, attended with much pain. It had come on suddenly, and had been painful about a week; but she thought

thought that a lump had exiſted previous to this time. The principal tumour was on the ſide next the ſternum, and was as large as an hen's egg; it ſeemed to be diſtinct, yet there was a general ſwelling, with partial induration of the ſubſtance of the gland. The tongue was furred, the bowels coſtive, and the pulſe frequent; and ſhe was, to uſe her own expreſſion, very nervous. I directed her to uſe the ſame means as were mentioned in the preceding caſe. Small doſes of mercury act beneficially on the bowels, by inducing regular and healthy ſecretions; and I know no better method of adminiſtering it as a diſcutient. The general induration of the breaſt and tumefaction of the integuments ſubſided quickly under this treatment, and left the lump in the ſame ſtate which I ſuppoſed it to have been in before the attack of general ſwelling and pain. In another week this apparently diſtinct tumour was flattened on its ſurface, diminiſhed in ſize, and confuſed with the ſubſtance of the mammary gland. Its form varied each ſucceſſive week; it firſt became oblong, and afterwards ſeemed to ſeparate into two parts; but in leſs than ſix weeks no trace of it could be felt.

CASE.

CASE.

A medical man, who refides in the country, brought his daughter to town for advice. She had apparently a tumour in her left breaft, between the nipple and the axilla; in which part fhe had felt a good deal of pain. The fwelling was of very confiderable fize, and the breaft fo tender, that I could not exactly make out whether it arofe from diftinct tumour, or from a partial enlargement of the mammary gland. Want of time prevented the patient's father from fhewing the cafe to another furgeon. I could only give him this opinion; that in the prefent circumftances no one would think of an operation. I recommended the application of the lotio ammon. acetat. when the part felt heated; and as the patient had diforder of the ftomach and bowels to a great degree, that the chief attention fhould be paid to the ftate of thefe organs. A grain of calomel was directed to be taken every fecond night; rhubarb before dinner, and infus. gentian. and fenna, if neceffary.

About

About two months afterwards, having occasion to be in that part of the country where the patient reſided, I called on her. Her father then told me that the ſwelling had ſubſided conſiderably, after his daughter's return in the country; and that of late he had not examined the complaint, as ſhe told him ſhe felt no uneaſineſs from it.

When I now examined the breaſt, I could not perceive any difference between it and the other. No veſtige was left of a diſorder, which had been of ſuch a magnitude, as to occaſion conſiderable alarm; a circumſtance that excited the greateſt ſurprize in the mind of her father, who was a practitioner of much experience *.

Before I had paid attention to thoſe complaints which ariſe from, or are aggravated by conſtitutional cauſes, I could not have believed that ſuch conſiderable local diſeaſes, after reſiſting various topical and general means,

* I have alſo known caſes of induration and ſuppuration of the ſalivary glands, apparently cauſed by the ſame general diſorder, and cured by the ſame treatment.

means, ſhould give way ſo readily and completely to ſmall doſes of medicine. It is only by conſidering the manner in which this effect is produced, that the ſubject can be placed in a proper point of view.

An attention to the ſtate of the bowels is indiſpenſably neceſſary, even in the common practice of ſurgery. A ſimple cut of the finger frets into a bad phagedænic ſore, which reſiſts every local remedy ſo long, that amputation is at laſt propoſed. This is the conſequence of bad health, which in its turn is aggravated by the irritation of the ſore. The patient has a furred tongue, with other ſymptoms of diſordered digeſtive organs. An attention to this diſorder corrects the painful ſtate of the ſore, which now heals rapidly under ſimple dreſſings.

A patient has a diſorder in the urethra, almoſt too trivial for ſurgical attention; yet producing much inconvenience. The functions of the digeſtive organs are impaired, and he is hypochondriacal. He conſults a phyſician,

phyſician, under whoſe care, his general health is amended, and he no longer feels or thinks of the local diſeaſe.

An eryſipelatous inflammation of the leg is imputed to ſome trivial cauſe; as for inſtance a gnat-bite. It becomes worſe under the common remedies. The health has been long declining, and the chylopoietic viſcera are obviouſly deranged. The eryſipelas is quickly cured by medicines preſcribed for that diſorder.

A patient ſuppoſes that his knee is ſtrained; for pain and inflammation of the joint ſuddenly come on, with depoſition of fluid into the articular cavity; this attack is attended with fever, furred tongue, and unnatural diſcharges from the bowels. Leeches, cooling waſhes, and poultices, in ſhort, all topical applications are unavailing. It is a caſe of rheumatic inflammation, for which a phyſician is conſulted. Five or ſix weeks elapſe without any abatement of the diſeaſe, the patient being almoſt unable to ſtir in bed.

An

An alteration in the health ſuddenly takes place; the tongue becomes clean; and there is no longer any pain in the knee. All the fluid is abſorbed from the joint in two days, and the patient walks about his chamber. Or there may actually have been ſome local injury; but the conſequences are very conſiderable and violent, and quite incommenſurate to the cauſe. Such occurrences can only be aſſigned by imputing the effects to the ſtate of the health in general. I could relate a great number of caſes to illuſtrate this ſubject, but it does not ſeem to me to need any further exemplification *.

I again repeat at the concluſion of this ſection, that though I admit the poſſibility of the exiſtence of diſeaſes ſtrictly local, and have adduced ſome inſtances of them, I conſider the diſeaſes, which I have been deſcribing, to ariſe from diſorder of the health in general, which is

* As operations are injuries, ſo we ought not to perform them when the conſtitution is in this ſtate. I could relate ſeveral inſtances of the wounds made in operations, aſſuming diſeaſed actions from ſuch a ſtate of the conſtitution.

often

often caufed, though fometimes merely aggravated, by diforders of the digeftive organs; and it follows, if this view of the fubject be correct, that fuch difeafes may fometimes exift, without any manifeft diforder of the digeftive organs. The diforders of thefe vifcera may act in a two-fold manner on the conftitution; they may be the caufe of an impure or imperfect ftate of the blood, and they may caufe or aggravate nervous irritability. Whether in confequence of fuch effects they are to be regarded as the predifpofing, as well as the exciting caufes of fuch difeafes as I have defcribed, is an enquiry very worthy of inveftigation; but it does not appear to me to be determinable by the facts which have been recited.

CASES.

CASES.

Section V.

Diſorders of parts which have a continuity of ſurface with the alimentary canal.

I had formerly obſerved ſpaſmodic ſtrictures of the œſophagus to diſappear under various modes of treatment, in a manner which I did not underſtand. Mercury ſeemed to effect the cure in three inſtances. Many caſes have occurred to me lately, in which the irritation in the œſophagus ſeemed to be firſt excited and afterwards maintained by diſorder of the digeſtive organs. It will be readily allowed, that ſpaſmodic ſtrictures of the œſophagus, when long continued, may cauſe a thickening in the affected part of the tube, and thus the ſtricture may become permanent. One inſtance will be ſufficient to illuſ-

trate

trate and verify this view of the ſubject; indeed I merely wiſh to excite attention to this ſubject, for I am incompetent to give an opinion as to the frequency or degree, in which affections of the ſtomach produce theſe diſorders.

CASE.

A lady, who had been in bad health for many years, and was ſuppoſed by her medical attendants to have a ſtricture of the œſophagus, became at laſt incapable of ſwallowing any food, except in very ſmall quantities; ſhe was even then obliged to drink ſome fluid after each morſel, to facilitate its deſcent into the ſtomach. Some mucus and blood roſe into the mouth after vomiting, which very generally followed the taking of food. Under theſe circumſtances, I was requeſted to paſs a bougie, in order to aſcertain the ſtate of the œſophagus; but I declined this examination, on account of the diſorder which exiſted in the ſtomach. The tongue was greatly furred; the parts in the epigaſtric region

region very tender: the bowels much diſordered; the ſecretion of bile either very unnatural, or entirely wanting; every ſymptom, in ſhort, which indicates an aggravated form of diſorder of the digeſtive organs, exiſted in a ſtriking degree. The ſtomach and bowels were brought into a better ſtate by ſuch medical attentions as I have already ſo often deſcribed; and the œſophagus partook of this amendment: for moderately ſized morſels of food could now be ſwallowed without the neceſſity of waſhing them down by liquids. The general health alſo improved, and ſhe became fat. But the diſorder of the digeſtive organs, which had been of long continuance, was not completely ſubdued; ſhe was ſtill ſubject to relapſes, and in ſome of theſe the difficulty of deglutition again occurred.

The throat and mouth are the parts next in order; but it is unneceſſary to relate additional caſes under this head: ſome of the inſtances already recorded will be ſufficient to confirm my ſentiments on this ſubject,

 and

and the propriety of the practice which I have recommended.

That diseases of the nose may be caused or aggravated by irritation arising from the stomach is a proposition, which will, I think, be readily granted. Indeed it seems surprising that the operation of this cause has been so little adverted to in books of surgery; since the phænomena which prove the fact are so well known. Are the monstrous noses, caused by excessive drinking of vinous and spirituous liquors, to be otherwise accounted for, than by irritation arising from the stomach? And do not worms in children cause a teazing sensation in the extremity of the nose? I had seen in private practice, several cases of irritation and swelling of the end of the nose, in some instances accompanied with small ulcerations of the pituitary membrane. In these cases, the skin over the nose, which was tumid, became rough and discoloured: the middle of the discoloured part became sound; whilst the circumference retaining its morbid actions, the disease there spread in a small degree. In these cases

cafes the tongue was furred; and there were evident indications of diforder in the ftomach and bowels. The difeafe was checked, and cured, by attention to this diforder. I was ftrongly impreffed with the opinion, that if thefe cafes had been neglected, they would have terminated in that herpetic ulceration, which fo often affects the end of the nofe. I have alfo feen feveral inftances of that herpetic ulceration in its confirmed ftate more materially benefited by medical attention to correct the diforder of the digeftive organs than by any local application: and I feel confident that it may be frequently cured by fuch endeavours.

I have obferved, in all the cafes of that noifome and intractable difeafe, ozæna, which have come under my care lately, that the ftomach and bowels have been difordered; and more benefit has been obtained by endeavouring to bring thefe organs into a healthy ftate, than by all the local applications which had been previoufly tried. I ftated to a medical friend my opinions refpecting one patient

who came from the country, and begged to know the effect of the treatment which I had propofed. He informed me, after fome months, that he bad not been able to fucceed in correcting the vifceral diforder; and after relating the means which had been ufed, he adds, "The patient was now attacked with a bilious diforder, to which fhe had formerly been fubject, and for which I gave her fix grains of calomel in a bolus, which foon relieved her. During this attack the nofe feemed well; there was no fetor in the difcharge, and fhe recovered her fenfe of fmelling." However the difeafe returned afterwards as before.

In farther confirmation of the opinion, that difeafes of the nofe depend much upon the ftate of the ftomach, I fhall mention the cafe of a woman, who had a difeafe of the nofe, which I expected would, at leaft, prove very tedious and very troublefome, but which got well fpeedily under fimple dreffings, in confequence, as appeared, from the effect of internal medicines.

CASE.

CASE.

This patient was between thirty and forty years of age; had a furred tongue, bowels alternately coſtive and lax, and their diſcharges diſcoloured. An enlargement of the left ala naſi, cauſed by a great thickening of the parts covering and lining the cartilage, had gradually taken place. The ſkin was diſcoloured, and an ulcer, about the ſize of a ſixpence, had formed on the under ſurface of the ala. The ſore was deep, with a ſloughing ſurface, and uneven and ſpreading edges. Spermaceti cerate was employed as a dreſſing; and the external ſkin was frequently bathed with Goulard's waſh. She was ordered to take internally five grains of rhubarb an hour before dinner, five grains of the pil. hydrarg. every ſecond night, and the infuſion of gentian with ſenna occaſionally. The ſore ceaſed to ſpread, the ſwelling gradually ſubſided, and all diſeaſed appearances were removed in the courſe of a month. The patient alſo found her health conſiderably amended.

In

In moſt caſes of deafneſs, there is probably a ſtate of irritation, and a tendency to inflammation, throughout the paſſages of the ear. The external meatus is unuſually ſenſible, the ſecretions being either ſuppreſſed, or diſcharged in an unnatural quantity. The lining of the euſtachian trumpet is thickened; and hence it becomes partially obſtructed. It muſt be admitted that ſuch a ſtate of the organ is likely to be aggravated by a cauſe, which maintains or produces irritation in the noſe. When dullneſs of hearing alſo depends on a torpid ſtate of the nerves, it may be cauſed by the ſame circumſtance, which is known to affect the ſenſibility of other nerves.

Indeed, I have remarked that the hearing of many perſons has conſiderably varied with the ſtate of their health in general; ſo that I felt no ſurpriſe from the occurrence related in the following caſe.

A gentleman applied to me on account of ſome pſeudoſyphilitic ſymptoms, which I told him would gradually become well. I adviſed him,

him, at the ſame time, to be particularly attentive to the ſtate of his digeſtive organs, which were generally diſordered by the effects of the poiſon. He took five grains of the pil. hydrarg. every ſecond or third night. The diſorders for which he had conſulted me were all removed in the courſe of two months; when I received a letter from him, ſaying, that he thought it a duty he owed to me and to the public to inform me, that the lenient courſe of mercury, which I had recommended, had cured him of a conſiderable degree of habitual deafneſs.

It is well known that ophthalmy frequently ariſes from conſtitutional cauſes; and in ſuch caſes the digeſtive organs are generally deranged. The health will be moſt ſpeedily reſtored, and the local diſeaſe moſt effectually diminiſhed, by correcting the diſordered ſtate of the abdominal viſcera. There is no neceſſity for enlarging upon this ſubject; yet it may be uſeful to ſtate what I have obſerved reſpecting thoſe ophthalmies, which take place ſubſequently to gonorrhœa, and which have

generally

generally been aſcribed to a retropulſion of that diſorder, or to the accidental application of the diſcharge to the ſurface of the eye. In the worſt of the caſes which I have ſeen lately there was conſiderable redneſs and irritability of the eye, laſting nearly a fortnight. The digeſtive organs were deranged in all the caſes to which I allude; and I attribute the comparative well-doing of theſe patients to the attention which was paid to their correction, and to tonic and ſtimulating applications, as a ſolution of zincum vitriolatum to the ſurface of the globe, and unguentum hydrargyri nitrati to the eyelids. In other caſes, which I had formerly been witneſs to, where evacuations by bleeding and purging, &c. were employed, the diſorder was extremely obſtinate; nay ſeveral patients loſt their ſight.

That cutaneous diſeaſes * are much connected with the ſtate of the ſtomach, is generally

* It may perhaps be right to advert to the direct and ſudden ſympathy which exiſts between the ſkin and the ſtomach. In affections of the latter organ, the ſkin is dry and cold, moiſt and cold,

rally known. Hence various medicines have been recommended to correct diſorders of that viſcus, with the view of removing the more evident, but conſequent diſeaſe of the ſkin. The account, which I have given of diſorders of the digeſtive organs, may lead to a more rational and leſs empirical treatment, and to the more juſt appreciation of the value and mode of action of remedies, which are ſanctioned by experience. It is almoſt ſuperfluous to relate any caſe to authenticate ſo well known a fact; the following, however, may be found intereſting and inſtructive.

A patient in St. Bartholomew's hoſpital had an herpetic diſeaſe of the ſkin. This had

cold, hot and dry, or moiſt and dry; and it ſuddenly changes from the one to the other condition, as the ſtate of the ſtomach varies. When the digeſtive organs are diſordered, the irritable ſtate of the ſkin is manifeſted by the effects of bliſters and other irritating applications. A bliſter produces a tormenting local diſeaſe, and even a Burgundy pitch plaſter cauſes extenſive erythema. Indeed, when the conſtitution is irritable, all the modes of counter-irritation, which ſurgeons employ under other circumſtances with ſucceſs for the cure of local diſeaſes, are likely to do harm; and thus theſe curative methods obtain diſcredit in conſequence of their ill-timed employment.

healed

healed in the middle, and ſpread in the circumference to ſuch a degree, that it occupied nearly the whole length of the leg, and included two thirds of its circumference. The ſkin had recovered a moderately ſound ſtate in the centre. The diſeaſe was propagated in the circumference by an ulceration, which threw out a projecting and firm fungus of a tawny colour, of about half an inch in breadth. A ſmall groove or channel ſeparated this fungus from the ſurrounding inflamed ſkin, which had not yet ulcerated. A ſimilar diſeaſe occupied the back part of the arm; this was of an oval figure, and reſembled, in every circumſtance, that which I have already deſcribed upon the leg. Theſe diſeaſes had exiſted for nearly two years, and continued to ſpread in oppoſition to every mode of treatment. Mercury had been employed, even to ſalivation, without any marked alleviation of the local complaint. I immediately perceived that the digeſtive organs were greatly deranged: upon correcting this diſorder, the ſkin ſurrounding the diſeaſe became pale; and all diſpoſition to ſpread ceaſed. The fungus, however,

however, ſtill projected, and did not heal; it was therefore dreſſed with a weak ſolution of kali arſenicatum. This remedy ſeemed to ſubvert the diſeaſed actions, which had produced the fungus; ſo that, in leſs than two months, the patient was diſcharged from the hoſpital perfectly well.

I have ſeen ſimilar herpetic diſeaſes, of much leſs extent, ſucceed to the abſorption of matter from ſores upon the genitals. Theſe have got well when the patient has gone into the country, and appeared again when he has returned to town. They have healed under a courſe of mercury, and broken out again when it was diſcontinued.

In this review of diſorders, occurring in parts having a continuity of ſurface with the digeſtive organs, I have traced them from the ſtomach. Another ſet of diſeaſes may originate from the ſame ſource. The large inteſtines ſuffer more in advanced ſtages of theſe diſorders than the ſmaller ones; hence diſorders of the rectum, and particularly many

irritable

irritable diseases about the orifice of that bowel, are deducible from this cause. I shall not, however, prolong the account by the relation of cases; but content myself with assuring the reader, that the opinion has been derived from facts, and not from preconceived notions of the operation of such disorders.

SECTION

SECTION VI.

IN this Section I ſhall mention what information I have obtained by diſſection, relative to the cauſation of other diſeaſes by thoſe of the digeſtive organs. The reciprocal ſympathy, which exiſts between the brain and the digeſtive organs, is generally admitted; but the kind and the degree of the effects ariſing from this ſympathy, is not, perhaps, in general, ſufficiently underſtood. Theſe organs mutually increaſe each other's diſorder; till the affection of the ſenſorium leads to the greateſt diſturbance of the nervous functions, and even of thoſe of the mind.

All this may happen without any viſible diſeaſe of the brain. Dr. Kirkland particularly directed the attention of medical men to nervous apoplexy; and the obſervations, which have been made ſince that time, have proved, that not only a general derangement of the functions

functions of the nervous syſtem producing apoplexy, but alſo partial effects of a ſimilar nature cauſing hemiplegia and paralyſis, may take place, without any viſible change of ſtructure in the brain. I have met with numerous inſtances of this kind; but could not determine whether the affections were merely nervous, or whether they were produced, or aggravated by diſorder of the digeſtive organs. I only know, that the patients died affected by apoplexy, hemiplegia, or more local paralyſis, without any derangement in the evident ſtructure of the brain. I may alſo mention, that I formerly examined the brains of three perſons who died in a comatoſe ſtate, in conſequence of the metaſtaſis of rheumatiſm. In theſe caſes no morbid appearance was obſerved in the brain, except ſome ſlight marks of inflammation of the pia mater. It therefore appears clearly to me, that diſorder and abolition of the nervous functions may take place, without any organic affection of the brain. The perfect recovery of patients, which ſometimes happens, after ſuch diſorders, may alſo be conſidered as additional evidence

evidence of there having been, in ſuch inſtances, no organic diſeaſe of the brain.

There can be no doubt but that epilepſy may, in like manner, take place without any morbid alteration of the ſtructure of the brain, or its membranes. Some of the perſons whoſe heads were examined, without the diſcovery of any diſeaſe of thoſe parts, had been ſubject to attacks like thoſe of epilepſy. Dr. Henry Fraſer has, of late, publiſhed a deciſive inſtance in proof of this fact. A patient died of epilepſy, and his brain was examined with particular attention, by Mr. Cooper, without any morbid alteration of ſtructure being diſcovered *. In general, however, morbid appearances are evident in the brains of thoſe perſons who die of epilepſy. Tubercles are moſt frequently met with. There is, however, a diſorder of ſtructure which I wiſh briefly to mention, as I do not find that it has been noticed. In two perſons, who died of epilepſy, I found the medullary ſubſtance of each hemiſphere altered from its natural

* See Fraſer on Epilepſy, page 39.

ſtructure;

ſtructure; it had loſt its natural firmneſs, and ſmoothneſs of ſurface, and appeared like thick curdled cream.

Now, if diſorder of the digeſtive organs is capable of cauſing or aggravating nervous diſorder, even to the production of thoſe effects which have been mentioned, when there is no alteration of ſtructure; it muſt be granted that ſuch a ſtate of irritation of the ſenſorium may lay the foundation of an excitement of the vaſcular ſtructure of the brain, and thus very frequently produce organic diſeaſe. When this has occurred, it will aggravate and eſtabliſh the nervous affection, and thus perhaps render it inſuſceptible of cure.

Such are the general obſervations which I have made, by means of anatomical enquiry, relative to theſe ſubjects. With reſpect more eſpecially to the inveſtigation of my preſent object, I have examined the bodies of ſix patients, in whom diſeaſe moſt certainly began in the abdominal viſcera, and was continued

tinued in them to the conclusion of their lives. Nevertheless the patients seemed to die rather of nervous disorder, than of disease of the parts first affected. One of the patients died affected with apoplectic symptoms, and five with hemiplegia.

In all these cases the liver was greatly diseased, and the bowels also exhibited diseased appearances. In three of the cases there was considerable inflammation of the membranes of the brain; and a good deal of water in the ventricles. In two of them no morbid appearance of the brain was discovered. I have also examined a child, who was supposed to have died of the hydrocephalus, accompanied by great disorder of the stomach and bowels. In this case the bowels were inflamed, the liver sound, and the brain perfectly healthy in appearance; yet there had been so great a diminution of sensation and motion, as to leave no doubt of the existence of hydrocephalus. I am aware, that great opportunities of observation, accurate attention to the history of diseases, and anatomical exami-

nation of fatal cafes, are requifite to enable us to form juft notions relative to the prefent fubject. I thought, however, that it might not be improper to ftate what had been the refult of my own enquiries by diffection, in order to promote a more general attention to the fubject.

When my attention was firft directed to the fubject of the fympathetic affections of other organs, which were caufed by the diforders of thofe concerned in digeftion, my primary object was to endeavour to afcertain, by diffection, how far pulmonary difeafes originated from fuch a fource. I have, in the courfe of my enquiries, had feveral opportunities of examining the bodies of patients who apparently died of phthifis, combined with difeafes of the digeftive organs. In thefe cafes both the hiftory and diffection tended to prove, that the chylopoietic vifcera were the feat of the greateft and moft eftablifhed difeafe, and that the pulmonary affection was a fecondary diforder. The liver was greatly difeafed, and the lungs were alfo befet with tubercles; yet a con-

fiderable

ſiderable portion of thoſe organs was found. But diſſections can never concluſively aſcertain the truth of the opinions which I have ſtated; for the ſame diſpoſition to diſeaſe exiſting in the conſtitution may equally affect both the pulmonary and digeſtive organs. Nay, obſervations made in diſſection in general, would tend to diſprove the opinions alluded to; for diſeaſes of the lungs are very commonly met with in dead bodies, while thoſe of the liver and bowels are much leſs frequent. Yet conſiderable diſorder of the digeſtive organs does exiſt, and may continue for many years, without any organic diſeaſe being apparent: it is poſſible, therefore, that ſuch diſorder may excite diſeaſe of the lungs, and thus produce a worſe diſeaſe in the latter organs, than what exiſted in the former. In ſhort, the opinions which I have mentioned, cannot be either aſcertained or refuted by anatomical reſearches alone.

Accurate attention to the ſtate of the digeſtive organs may determine this important ſubject, and lead to the prevention and cure of

the ſympathetic diſeaſes which I have mentioned. The attention alluded to, is not of that general kind which adverts only to the quantity of the ingeſta, and the periodical expulſion of the egeſta, but one that more ſtrictly obſerves whether the viſcera are free from irritation, and whether their ſecretions are healthy or otherwiſe. My opportunities of acquiring practical information on this ſubject muſt neceſſarily have been very limited; yet I have ſeen many caſes which, to me, appeared to prove, that pulmonary irritation ſometimes proceeds from diſorder of the digeſtive organs. In ſuch caſes of ſurgical diſeaſes, accompanied by diſorder of the digeſtive organs, as have been related, I have occaſionally obſerved a cough attended with expectoration to ceaſe, upon the correction of the diſorder of the digeſtive organs.

A caſe, which happened about five years ago, ſtrongly impreſſed theſe opinions on my mind. A ſervant of mine told me, that his wife was dying of a conſumption, which had been rapidly increaſing for ſix months, and had

had baffled all attempts to relieve it. Thinking that I could procure her ſome medical aſſiſtance from the hoſpital, I went to ſee her. The caſe, however, ſeemed paſt hope. She was extremely emaciated; her pulſe beat 140 in a minute; her face was fluſhed; ſhe had a moſt diſtreſſing cough; and ſpit up more than a pint of mucus, mixed with pus and ſtreaked with blood, in twenty-four hours. The circumſtance, however, which moſt diſturbed her was a continual purging of black and offenſive matter. She told me that the diſorder of the bowels was the firſt diſorder; that it had preceded the pulmonary affection, and, indeed, that it was an habitual complaint. I thought it unneceſſary to trouble my medical friends in ſo hopeleſs a caſe; and ordered ſome pills, containing one grain of opium, to be taken in ſuch quantity as was neceſſary to ſtop the purging. As ſhe informed me that the diſorder began in the bowels, I added to each pill half a grain of calomel. By theſe means the purging was ſo much checked, that ſhe did not find it neceſſary to take more than two pills in twenty-four hours; and when ſhe

had

had taken twelve, the mercury, very unexpectedly, affected the mouth. From that period, the ſtools became of a natural colour and conſiſtence; the cough and expectoration ceaſed; and ſhe was ſoon ſufficiently recovered to go into the country; from whence ſhe returned apparently in good health.

Now if it were to be aſcertained, that pulmonary irritation, which might of courſe produce pulmonary diſeaſe, ſometimes ariſes from diſorder of the digeſtive organs; it would be right to enquire farther, whether it produces ſuch effects, by the nervous diſorder it occaſions, and by its operation on the health in general; or by means of a more immediate ſympathy exiſting between the pulmonary and digeſtive organs. I do not mean to inſinuate, by what has been ſaid, that pulmonary diſeaſes do not ariſe originally and idiopathically; but only to ſuggeſt that they may ariſe ſympathetically, or in conſequence of diſorder of the digeſtive organs. The proportionate number of caſes, in which they originate in this manner, can only be determined

by

by very extenſive experience. That the ſtomach and bowels are diſordered, during the progreſs of phthiſis, will, I conclude, be readily admitted; and that an attention to correct ſuch diſorder is requiſite, muſt be acknowledged, from what has been ſaid relative to the influence of ſuch treatment upon various local diſeaſes.

The actions of the heart ſeem to me alſo to become diſordered from ſympathy with the ſtomach. That palpitations, and feeble or intermitting actions of that organ ariſe from this cauſe, is proved by their ceaſing, when the ſtate of the ſtomach becomes changed. The palpitations which take place after eating, in caſes where the heart is irritable, farther evince the ſympathy which exiſts between theſe organs. Surgeons are occaſionally conſulted on palpitations of the heart, which the patients miſtake for aneuriſms: I have ſeen many inſtances, where the great degree of palpitation led to a belief, that ſome organic affection exiſted. This has ceaſed on an amendment of the general health, apparently ariſing

from

from an amelioration of the ſtate of the digeſtive organs, and the patients have continued in perfect health. I have not collected any accurate narratives of the caſes that I have ſeen: none at leaſt which I could properly preſent to the public as a proof of the fact. There is nothing, however, of which I am more perfectly convinced; for I have felt it to be true in my own perſon. After conſiderable and unuſual fatigue, I was ſeized with pain, and a ſenſation of coldneſs in the region of the ſtomach. I had no appetite, and the biliary ſecretion was ſuppreſſed. Whilſt this diſorder continued, which was for many weeks, my pulſe intermitted very frequently, and I was diſtreſſed with hypochondriacal ſenſations. Upon an alteration in the ſtate of the digeſtive organs, and a renewal of the biliary ſecretions, which happened very ſuddenly after taking five grains of the pil. hydrarg. my pulſe became perfectly regular, and my mind tranquil.

The obſervations, which I have made in ſurgical caſes, lead me alſo to attribute many hæmor-

rhages, and particularly thoſe from the noſe, to a ſympathetic affection of the heart and arteries, excited by diſorder of the digeſtive organs.

If ſuch a ſtate of the ſyſtem in general, as I have deſcribed, and which is manifeſted by circumſtances denoting the digeſtive organs to be in an unhealthy ſtate, and the nervous ſyſtem to be likewiſe diſordered, may, in ſome inſtances, cauſe various local diſeaſes of parts not eſſential to life, the care of which, cuſtom has conſigned to the ſurgeon; and may, in other inſtances, produce diſorders of organs eſſential to our exiſtence, the care of which is allotted to the phyſician; the ſubject muſt be allowed to be of the higheſt importance. Of late, indeed, I have been inclined to conſider theſe circumſtances as the cauſe of the complicated diſeaſes which are met with in man, ſo much more frequently than in animals. In man the brain is more ſenſitive, and liable to be diſordered by mental affections. In man the digeſtive organs are liable to be diſordered by ſtimulating and unnatural diet.

Sedentary

Sedentary habits and impure air co-operate to aggravate theſe diſorders. The diſorders of the brain and digeſtive organs mutually increaſe each other; and thus a ſtate of conſtitution ariſes, which is productive of the moſt general and complex diſeaſes. But even theſe do not ſeem to me to be the moſt calamitous terminations of ſuch cauſes. The diſorder of the ſenſorium, excited and aggravated by the means which have been deſcribed, frequently affects the mind. The operations of the intellect become enfeebled, perplexed, and perverted; the temper and diſpoſition irritable, unbenevolent, and deſponding; the moral character and conduct appears even liable to be affected by theſe circumſtances. The individual in this caſe is not the only ſufferer, but the evil extends to his connections and to ſociety. The ſubject, therefore, appears to me of ſuch importance, that no apology need be offered for this imperfect attempt to place it under general contemplation *.

* The ancients, who formed their judgment of the nature of diſorders by obſerving the excretions, denominated an irritable

I feel myſelf under great obligations to Mr. Boodle, from whom, as I have mentioned in the preface, I firſt derived thoſe opinions which are recorded in the foregoing pages. By this view of the ſubject, which he firſt inſtructed me to take, I think I can perceive many circumſtances relating to the cauſes and effects of diſeaſes, which before would either have been very obſcure, or not all diſtinguiſhable. Mr. Boodle firſt inſtructed me how to detect diſorders of the digeſtive organs, when their local ſymptoms were ſo trivial as to be unnoticed even by the patient; and pointed out to me what were the curative indications in theſe diſorders. Many of the caſes, which I have related, ſhew how much faulty actions of the liver contribute to cauſe or aggravate the general diſorder. The relief, which frequently ariſes from the renewal or correc-

and deſponding ſtate of mind, Hypochondriaſis; and when a more fixed and irrational dejection took place, they deemed it an atrabiliary diſorder, and called it Melancholia. There can be no doubt of the correctneſs of their obſervations; for if the diſorder began in the nervous ſyſtem, it would generally produce and become aggravated by that diſorder of the digeſtive organs, from which they denominated it.

tion

tion of the biliary ſecretion, in theſe caſes, was the circumſtance which at firſt made the greateſt impreſſion on his mind. I believe, however, that his opinions of the nature of the diſorder of the digeſtive organs, and its operation in the production of other diſeaſes, have been, and are, very ſimilar to thoſe which I have delivered. Indeed, as we have lived in the moſt unreſerved communication of our ſentiments, it is not probable, that our opinions are materially different. I have been very ſolicitous that Mr. Boodle ſhould publiſh his own account of this ſubject, and the facts which he has collected: but as his time is fully occupied in the practice of his profeſſion, it is probable, that many years might elapſe before he could do ſo, in a manner ſatisfactory to himſelf. I hope and expect, however, that he will undertake this taſk. The medical treatment of diſeaſes, is the moſt important part of our knowledge relating to them. The plan, which I have ſuggeſted, may be applicable to ſuch diſorders of the digeſtive organs as require the attention of a ſurgeon, whoſe chief object is the cure of local diſeaſe; but it appears

pears to me very inadequate to the cure of thoſe more complicated forms of diſeaſe, which come under the care of the phyſician. To this ſubject Mr. Boodle has, I know, paid great attention; and a narrative of caſes muſt be valuable, when given by a perſon who remarks the progreſs of diſeaſe, and the effects of medicine, with ſagacity and accuracy.

On

On Diseases of the Urethra; particularly of that part, which is surrounded by the prostate Gland.

EVERY surgeon will, I believe, acknowledge that an obscurity hangs over the subject of strictures of the urethra, which prevents us from perceiving the cause of many circumstances, which occur in daily practice. Contractions of this canal are sometimes readily enlarged to their natural diameter by the introduction of common bougies, and the cure thus effected is permanent. In other cases it is difficult to procure even a temporary enlargement of the contracted part; and the stricture returns, when the means by which it was relieved are discontinued. This variety in the event of different cases may, in some instances, depend on the kind and duration of the

the diſeaſe in the ſtrictures themſelves; yet, in many others, I am convinced that it is owing to other circumſtances, which it is my deſign to conſider in the preſent paper. Before my obſervation had been directed to theſe circumſtances, I was much puzzled to account for the diſcordance in the reſult of caſes apparently ſimilar. I was equally unable to underſtand ſome occurrences, like thoſe which are repreſented in the following caſe.

CASE.

A gentleman, whoſe life was made uncomfortable by a very frequent and very urgent propenſity to void his urine, applied to me for advice. Two ſtrictures were diſcovered in the further part of the urethra, which did not oppoſe the paſſage of a bougie as large as a gooſequill. Some difficulty was experienced when the bougie entered that part of the urethra, which paſſes through the proſtate gland; and the patient complained of pain, which was conſiderably increaſed at the orifice

orifice of the bladder. The inſtrument, however, entered the bladder, though with difficulty; and it ſeemed to be graſped by the ſphincter. The proſtate was enlarged to twice its natural ſize; which circumſtance ſeemed to me to explain the cauſe of the ſlight impediment, which occurred to the paſſage of the inſtrument through it. The urethra was unuſually long in this patient; and though bougies had been frequently introduced, I ſuſpect that they had never been paſſed into the bladder. The patient was of this opinion, from the peculiar ſenſations which he experienced, and which he had never felt before, He called upon me four days afterwards, ſaid that he was much relieved, and requeſted to have the operation repeated. The ſame bougie which had been uſed before now paſſed with much greater facility. The patient ſtill felt peculiar ſenſations, though much diminiſhed in degree, as the inſtrument went through the proſtate. It entered the bladder without difficulty, and without appearing to be graſped. I now introduced a larger bougie, which went through the ſtrictures with leſs difficulty than the

the ſmaller one had done on its firſt introduction. This produced the ſame uneaſy ſenſation on entering the proſtate; it was retarded for a moment at the orifice of the bladder, and was ſlightly graſped at its entrance. All the ſymptoms were ſtill more relieved by this ſecond introduction. The ſame operation was repeated a few times; at firſt every fourth day, and afterwards once a week, till a bougie of the largeſt ſize could be paſſed without occaſioning any uneaſineſs. The patient, during the latter part of the time, did not require to void his urine more frequently than is common. He was relieved from a great trouble; and, though many years have elapſed, he has not experienced ſimilar inconvenience.

Such caſes as the preceding induced me to ſuſpect that a ſtricture might exiſt in the orifice of the bladder. The following caſe gave me new and, as I think, juſt ideas relative to this ſubject. Whether the opinions be correct or not, the caſes, it muſt be admitted, deſerve attention.

CASE.

A gentleman, more than ſeventy years of age, had experienced for about ſix years a difficulty in voiding his urine, which gradually increaſed, till the ſtream became very ſmall. This was attended with a frequent propenſity to diſcharge the urine, which diſturbed him every ſecond or third hour during the night. At laſt a complete retention took place when he was in the country; and a ſurgeon attempted to introduce a ſmall catheter, which however was prevented, by a ſtricture, from paſſing farther than ſix inches. The patient immediately came to London, when I directed him to take ſome caſtor oil, and to bathe the perinæum and adjacent parts frequently with warm water. After ſome time the urine flowed again, and he was relieved from the preſent urgent ſymptoms. In two days I examined the urethra, and found a ſtricture at ſix inches, through which I could not paſs even a very ſmall bougie. I touched this with the argentum nitratum; but the appli-

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cation did not produce any alteration in the circumſtances of the diſeaſe. On the third day the bougie paſſed on to a ſtricture at ſeven inches, which was alſo touched with cauſtic; and the ſame treatment was repeated with another ſtricture, at the diſtance of half an inch from this. The bougie now paſſed through all the ſtrictures, and entered the proſtate, when I was obliged to withdraw it immediately, from a ſudden attack of pain and faintneſs. No enlargement of the proſtate was diſcovered by an examination per anum; nor was it tender when compreſſed. I told the patient that I conſidered it very deſirable to introduce a tubular inſtrument into the bladder, but that the minuteneſs of the ſtream of urine rendered it doubtful whether this could be accompliſhed. I requeſted him to call in another ſurgeon, that the attempt might be made by us conjointly. A flexible varniſhed catheter, containing a ſtrong wire, was readily paſſed into the proſtate, but could not be made to enter the bladder. The attempt was not long perſevered in, from an apprehenſion of doing injury, if the inſtrument

were not guided in the right track. No blood flowed upon withdrawing the catheter. A ſlight retention of urine followed this attempt; but, after a few days, the patient was in the ſame ſtate as before. On examining the urethra four days afterwards, I found that the ſmalleſt bougie would not paſs farther than ſix inches; ſo that the contraction of the firſt ſtricture had been re-excited by the irritation occaſioned by our late attempt. As the application of the argentum nitratum had ſo ſuddenly and completely relieved this ſtricture in the firſt inſtance, I now repeated this application, although I knew that the ſtricture was merely ſpaſmodic. In the courſe of a few days a ſmall bougie was introduced into the proſtate, and afterwards a larger one. I now wiſhed to aſcertain whether I could paſs the bougie into the bladder, or learn, by means of that inſtrument, the cauſe of the obſtruction. As the patient found that he could void his urine moſt eaſily when lying on the left ſide, it ſeemed probable that the orifice of the urethra might be found in that direction. I therefore depreſſed the point of the inſtrument,

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and carried the other extremity towards the right groin, when moſt unexpectedly it went forwards into the bladder. When the bougie was withdrawn, a conſiderable quantity of clotted blood and mucus, with ſome matter, oozed out of the urethra; and the patient afterwards voided in a large ſtream about eight ounces of turbid and fœtid urine mixed with mucus; after which he felt as if his bladder were completely emptied. From this time he had no occaſion to void his urine more frequently than is natural, and he expelled it in as large a ſtream, and with as much facility, as he had ever done at any period of his life. The bougie was for ſome time introduced every third day, and afterwards once a week. It paſſed eaſily not only through the urethra, but into the bladder, when guided in the direction which has been mentioned. At firſt the point was ſoiled with blood and matter, but afterwards theſe appearances were no longer obſervable, which led me to conclude that the circumference of the ulcerated orifice of the bladder had completely healed. Two years afterwards this gentleman

gentleman experienced a recurrence of his former complaints; a ſmall bougie only could now be introduced into the bladder. A larger bougie was paſſed through the urethra on the next attempt; but it was not carried forwards into the bladder, from an apprehenſion of irritating the proſtate. After a few days the larger bougie was introduced into the bladder, and met with a little reſiſtance at its orifice. From this time it paſſed with the ſame facility as when I diſcontinued my former attendance, and the patient found himſelf equally well. Two years have now elapſed without any neceſſity for repeating theſe operations.

In this caſe a diſeaſe took place in the proſtate gland, without producing any evident enlargement or tenderneſs of its ſubſtance, though it proceeded to a ſtate of ulceration. The diſeaſe ſeems to have operated on the continuous parts in two directions; backwards upon the bladder, rendering that organ irritable; and forwards upon the urethra, cauſing ſtrictures, which were

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in ſome degree organic, but chiefly of a ſpaſmodic nature. It muſt be allowed, however, that the obſtruction of the aperture into the bladder by the diſcharges from the ulcerated ſurface contributed in a great degree to maintain the irritability of the organ, by impeding the diſcharge of the urine. This diſeaſe was alſo of a nature that admitted of relief, and the paſſage of a bougie ſeemed to effect its cure. It had, however, a tendency to recur, and the uſe of the bougie leſſened the irritability of the part, and arreſted the progreſs of the diſeaſe.

The circumſtances of this caſe do not indeed unfold the cauſe and preciſe nature of the diſorder, which, however, will in my opinion be elucidated by thoſe which follow. They induced me to ſuppoſe that thoſe inſtances, which I had formerly met with, and which appeared ſo unintelligible, were of a ſimilar nature; and they made me particularly attentive to the ſtate of the urethra, where it paſſes through the proſtate gland, as I ſaw the poſſibility of this canal being diſeaſed,

diseased, without the prostate being materially implicated in the disorder. The following case occurred soon afterwards.

CASE.

A gentleman, between fifty and sixty years of age, had for twenty years been subject to occasional fits of dysury. I was desired to see him in one of these, which had been very severe and long continued. He was obliged to void the urine at least every hour. The calls were sudden and urgent, and the pain continued for a considerable time after the urine had been discharged. He had some fever, which such irritation would naturally produce. A moderate-sized bougie stopped at two strictures, but passed through them without much difficulty: when it entered the prostate, the patient complained of burning pain; of a strong irritation to make water; and grew so faint that I had merely time, by a gentle pressure, to ascertain that the bougie would pass into the bladder: when I with-

I withdrew it, the point was covered with blood. The patient was directed to bathe the perinæum with warm water frequently, if the dysury was urgent. He was much relieved by the introduction of the bougie, and did not want afterwards to void his urine oftener than every second or third hour. The calls were less urgent, and the subsequent uneasiness less in severity and duration. After two days, a bougie of the same size was introduced to the extent of eight inches, and withdrawn; no blood adhered to its surface. A smaller bougie, much curved, was now passed into the bladder; the patient complained of the same uneasy sensation as before, when it entered the prostate; but he did not grow faint. The point was bloody for three quarters of an inch, but less so than on its first introduction. More relief was experienced this time. The urine was now voided only every fourth hour. Two days afterwards the bougie was again introduced into the bladder, considerably curved, and with the point carried along the upper surface of the urethra, where it passes through the prostate gland.

gland. The point was ſoiled with a yellowiſh fluid, ſlightly tinted with blood. As the patient was getting much better, the operation was not repeated till after four days, and then at the end of a week; at which time the blood and the yellow fluid had entirely diſappeared. The urine was not voided more frequently than natural, nor was its expulſion attended or ſucceeded by any painful ſenſation. The ſtrictures in this caſe felt firm, and not eaſily dilatable: I thought it neceſſary to relieve them, leſt they ſhould contribute to reinduce the irritation in the proſtate; but the patient felt himſelf ſo well, that he was averſe to any thing which might renew his former ſufferings, and he has had no ſymptoms of dyſury ſince that period. The proſtate in this patient was not enlarged nor tender. Concluſions ſimilar to thoſe, which were deduced from the former caſe, may be more fairly drawn from this; viz. that a diſeaſe may occur in the membrane of the urethra where it paſſes through the proſtate, and that it may render the bladder irritable, and produce ſtrictures in the urethra; for in this caſe there

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was no mechanical obſtruction to the expulſion of the urine to produce irritation in the bladder. It alſo appears, that the diſeaſe admitted of relief by the introduction of a bougie.

I have lately met with another caſe in a younger man, who is between twenty and thirty years of age, and who was afflicted with ſimilar fits of dyſury, the cauſe of which could not be aſcertained. I paſſed a bougie for him a few times, but found no ſtricture in the urethra, The ſame painful ſenſations were produced in the proſtate, as in the preceding caſes. The bougie did not appear at the time to relieve the dyſury; but the complaint gradually ceaſed, and the patient left town. He has been much better ſince this time, and attributes his relief to the paſſage of the bougie.

CASE.

A gentleman, about ſixty years of age, was affected with dyſury, which increaſed in violence, though various means were employed during

during two years for his relief. He voided his urine every ſecond hour, or oftener, with great pain and ſevere irritation; which continued for ſome time after its expulſion. He had ſuch a ſenſation of heat and uneaſineſs in the perinæum, that he could not bear to bring his thighs together; and he was obliged to uſe a cuſhion, with a vacancy in the middle, when he ſat down. He could not ride in a carriage, or even walk out, although his general health was good. A moderate-ſized bougie halted a little at two ſtrictures, and when it arrived at the proſtate produced a violent burning ſenſation, a vehement propenſity to void the urine, and extreme pain at about two inches from the orifice of the urethra; which part was always particularly painful during the time of voiding the urine, and after its expulſion. On withdrawing the bougie, which had entered the bladder, its point was found to be covered with blood. The proſtate being examined, felt rather broader than uſual, but was not tender. The patient was relieved by the introduction of the bougie, which was repeated on the third day:

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it went more freely through the ſtrictures, and the ſenſations, cauſed by its paſſage through the proſtate, were diminiſhed. The point of the bougie was bloody. I aſcertained that the blood came from that part of the urethra which is ſituated in the proſtate, by introducing a large bougie to the diſtance of eight inches, and then withdrawing it: the point was not in the leaſt ſoiled with blood. The ſecond introduction of the bougie produced conſiderable relief. The urine was retained longer, the uneaſy ſenſation in the perinæum was diminiſhed, and the patient could walk or ſit down more comfortably. The bougie was uſed every third or fourth day for three weeks; and then once a week for a month longer, its ſize being gradually increaſed. The appearance of blood on the point gradually ceaſed: it was afterwards ſoiled with a purulent and then with a mucous fluid, which appearances alſo gradually ceaſed. The water was now voided only at intervals of four hours, the ſubſequent pain being either trivial or entirely abſent; the uneaſineſs in the perinæum was

ſo inconſiderable, that the patient could walk for ſeveral hours, and ſit down without pain. The ſeminal diſcharges had been attended with extreme pain, ſo great as almoſt to produce fainting, before the ſtate of the proſtate had been relieved: they afterwards took place without any unuſual ſenſation.

Theſe caſes ſhew that the urethra may become irritable and diſeaſed, where it paſſes through the proſtate gland, without any material diſorder of the contiguous parts. They induced me to pay particular attention to the ſtate of that part of the urethra; which attention will, in my opinion, be found of great conſequence in directing our treatment of theſe diſorders. As it would render this paper extremely voluminous to detail the particular caſes which I have met with, I ſhall merely relate the obſervations which I have made, and the inferences which I have drawn from them; that the profeſſion in general may inveſtigate the ſubject, and determine how far theſe obſervations and opinions are correct.

First,

First, then, it has appeared to me that a ſtate of inflammation and irritation may take place in the remote part of the urethra to a greater or leſs extent. It may produce in the proſtate that peculiar ſenſibility of the part which I have deſcribed; and in the perinæum it may cauſe contractions of different parts of the canal. Either of theſe affections may be more permanent than the other, even where each part has been equally affected in the beginning. This ſtate of inflammation and irritation is frequently produced by gonorrhœa, though it may occur from other cauſes. If, injudiciouſly, a bougie be introduced when this diſorder firſt occurs in a gonorrhœa, numerous ſpaſmodic ſtrictures* are met with; the patient becomes alarmed by the difficulty of paſſing the inſtrument, and by the name of ſtrictures, and conſults a more experienced ſurgeon, who directs local warm bathing, and

* I have uſed the term ſpaſmodic ſtrictures in the indiſcriminate manner in which it is generally employed, though I am aware that it is objectionable: a ſtricture from ſpaſm is not a ſtricture; and a ſtricture may be irritable or ſpaſmodical, or otherwiſe.

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the application of leeches to the perinæum. The diſorder is cured; the patient expects that ſtrictures remain; a full-ſized bougie is introduced to ſatisfy him, which paſſes without the leaſt difficulty. I am unable to determine whether in ſuch caſes the urethra is affected in the firſt inſtance in that part which paſſes through the proſtate, as I never made any examination under theſe circumſtances, though I think it very probable that it is ſo. When a gleet becomes unuſually protracted, it is frequently owing to the effects of this diſorder in the remote part of the urethra, maintaining a degree of irritation in the front. Under theſe circumſtances, it is allowable to introduce a bougie, when ſtrictures will frequently be found in the perinæum; and in many caſes, the patients whom I have attended have experienced thoſe ſenſations, which are characteriſtic of tenderneſs in the membrane of the urethra, where it paſſes through the proſtate. If, therefore, we look to the origin of thoſe caſes, which we are called upon to attend in their advanced ſtages, we might expect to find the diſorder of the urethra various

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with refpect to the kind and extent of the difeafe. That it will be found fo in practice I do not hefitate to affirm, from the obfervations which I have already made relative to this fubject. In fome cafes, ftrictures in that part of the canal, which is fubject to fuch contractions, will be the fole difeafe. In others, an uneafinefs, and fuch fenfations as I have defcribed, will be complained of as the bougie paffes through the laft inch of the urethra, which is contained in the proftate gland. In fome cafes alfo, the ftrictures will be the lefs degree of the difeafe, and the irritation in the proftate the greater; and in fome cafes it will be found that nothing is difcoverable which can fairly be denominated a ftricture, and yet the tendernefs which I have defcribed exifts in a moft painful degree. In deducing thefe difeafes from the inflammation which gonorrhœa excites, I mean only to trace them from a very common origin. The fame diforders frequently take place without having been preceded by that complaint. An attention to the circumftances, which have been mentioned, feems to me to explain the contradictory

dictory events which happen, when a similar plan of treatment is pursued for the cure of diseases of the urethra. When strictures are the sole disease, they are often readily, and generally permanently, cured. When an irritation, such as I have described, exists in the prostate, it is difficult to enlarge the contracted portions of the canal; and, when that is accomplished, the strictures recur, as a cause of irritation to the urethra still continues. In some cases, the enlargement of the strictures fails to mitigate the dysury, and in others it is augmented by the measures, which have been employed to cure the strictures, when the state of irritation at the neck of the bladder has been unadverted to. Many patients have applied to me under these circumstances, after having been under the care of other surgeons. They have stated, that small bougies only could be passed in the first instance, and that though the largest could now be introduced, the complaint was no better; nay, some have thought themselves materially worse. A bougie has passed in these cases eight inches, without meeting any considerable obstruction,

or

or exciting much ſenſation; but, after this point, it cauſed a moſt acute and burning pain, with vehement deſire to make water. Some have enquired if I was withdrawing the bougie, whilſt it was ſlowly proceeding, and ſome have complained of great pain in the front of the urethra. Similar caſes have occurred in my own practice. I have relieved ſtrictures, without materially benefiting my patients; of late years, I may venture to ſay, without making them worſe; becauſe I have been cautious not to hurt the canal, where it paſſes through the proſtate.

Some caſes of diſorders of the urinary organs are made worſe in the attempt to cure ſtrictures: and I think I deliver an important admonition, to the younger part of the profeſſion, when I caution them to beware, in their attempts to cure ſtrictures, that they do not irritate or injure the laſt inch of that canal, where there are no ſtrictures, but in which conſiderable diſorder may nevertheleſs exiſt.

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In ſome caſes of diſeaſed urethra, which I have not unfrequently met with, ſtrictures are found, through which a ſmall bougie paſſes with difficulty; and it produces thoſe ſenſations, in paſſing through the proſtate, which I have deſcribed, as peculiar to that part of the canal when in a diſeaſed ſtate. The patient, however, experiences relief from the introduction of the bougie; and if it be paſſed again on the third day, it will meet with no obſtruction from the ſtrictures, and cauſe leſs uneaſineſs in paſſing through the proſtate. I have then taken a bougie of a larger ſize, ſuch as it would have been impoſſible to introduce in the firſt inſtance, and this has paſſed through the ſtrictures to the diſtance of eight inches; but I have forborne to carry it any farther, leſt I ſhould irritate the urethra near the neck of the bladder. It appears therefore to me, that you may relieve or aggravate ſtrictures in ſuch caſes in proportion as you diminiſh or augment the morbid ſenſibility of the remote part of the urethra; and an attention to the ſtate of this part is on this account of the greateſt importance.

Having

Having thus adverted to the probable origin of the diſeaſe, which I am endeavouring to deſcribe, and its connection with ſtrictures, I proceed to obſerve, that ſuch a ſtate of morbid ſenſibility in that portion of the urethra, which paſſes through the proſtate, may perhaps exiſt as a ſymptom of an irritable bladder. If the lining of the bladder were inflamed and irritable, it is probable that the diſorder would extend into the urethra for ſome ſmall diſtance. In the fourth caſe, I believe that the diſeaſe in queſtion was complicated with an irritable ſtate of the bladder; but whether it was to be conſidered as an adjunct circumſtance, or in the relation of cauſe or effect, cannot be determined. The irritability of the bladder was diminiſhed, but not cured, by the treatment which leſſened this diſeaſe. In one gentleman, who apparently died of an irritable bladder, and who complained of the ſenſations, which I have deſcribed, in an acute degree, on the bougie paſſing through the proſtate, the diſeaſed parts were examined, but very trivial morbid appearances were obſerved. The lining of the

the bladder was not perfectly natural, and was inflamed; yet the diseased appearances were not striking; and in the urethra the deviation from the healthy structure was still less so.

It is not improbable, however, that such a morbid sensibility of the prostatic urethra may arise from an irritable bladder. Perhaps, also, it may occasionally arise from the irritation of the last stricture. Many patients with strictures, who complained much of the sensations at the neck of the bladder, at the commencement of the treatment of their complaint, have asserted, that they felt no unusual sensations when the bougie passed through the prostate, after the strictures had been cured. Yet, though I would admit that a tenderness of the canal of the urethra in the prostate may sometimes arise from its proximity and continuity with the lining of the bladder, or with the last stricture, I think it more frequently exists as an original and independent disease. It has been shewn, that it may render the bladder irritable, and excite contractions

tractions in the urethra. Some cafes have been adduced, which fhew that this ftate may exift, and yet the bladder may not be conftantly irritable, but that it may be affected by fits. I have alfo met with a cafe where this fenfibility exifted in an extreme degree, and yet it feemed to have very little influence on the bladder. I have likewife known this irritable ftate of the urethra complicated with the common enlargement of the proftate.

I proceed, in the next place, to relate what I have obferved refpecting the treatment of the difeafe, which I have been defcribing. The three firft cafes fhew, in a ftriking manner, the advantage derived from the introduction of bougies; and I have feen many fimilar ones, though I fcarcely think fo demonftrative of the utility of this mode of treatment. I know fome patients with occafional attacks of dyfury, and who have this tendernefs of the remote part of the urethra, in whom the passage of a bougie, together with warm bathing of the perinæum and adjacent parts, very fpeedily relieves a difeafe, which

which had proved very tedious and diſtreſſing, before theſe meaſures were adopted. If a bougie be introduced, for the firſt time, in a caſe of this deſcription, ſevere pain is felt, and faintneſs is occaſioned: if this operation be repeated three days afterwards, the pain perhaps is much leſs ſevere, and it may diminiſh at each ſucceeding introduction of the inſtrument. Should this be found to be the caſe, ſurely nothing need be farther ſaid in commendation of this mode of treatment. The morbid ſenſibility of parts is diminiſhed by it. This happened in the three firſt caſes in a remarkable degree, and I have known it take place in many others. Nor is there any thing in this event that ſhould excite ſurpriſe: every ſurgeon is familiar with the ſame circumſtance, with relation to ſtrictures in the urethra. The firſt introductions of a bougie are very painful; the ſubſequent ones are even diſregarded. Still, however, I think it may be uſeful to dwell a little on this ſubject, and conſider the probable cauſes of theſe effects, as it may tend to eſtabliſh rules for our conduct in practice. It appears to me, that we diminiſh

diminiſh the morbid as well as the natural ſenſibility of parts by doing them a degree of violence, ſhort of that which produces a kind of re-action in them, by which their ſenſibility is heightened. This is, indeed, the conſideration, which guides my practice in theſe and in many other caſes. If, even in ſtrictures of the urethra, the ſenſibility of the canal becomes increaſed by the introduction of bougies, or, in other words, if inflammation is excited, ſurely it is wrong to proſecute ſuch meaſures at this juncture. If the morbid ſenſibility be diminiſhed, we may uſe more freedom in the proſecution of our meaſures. In paſſing the bougie, in the caſes now under conſideration, it ought at firſt, I think, to be ſo ſmall as not at all to diſtend the irritable urethra. I have always curved it conſiderably, and kept the point in contact with the upper ſurface of the urethra, as it paſſes through the gland. I recommend warm bathing to the perinæum, with a view to obviate or diminiſh irritation. If I find, on the ſecond introduction of the bougie, the ſenſibility of the parts diminiſhed, it induces me afterwards to

proceed more freely; but at all times with a caution excited and regulated by the consideration which I have mentioned. Now, though ſuch conduct has been ſucceſsful in many inſtances, I am concerned to ſtate, that it has failed in ſome others; and, when I clearly aſcertain that I am not likely to ſucceed, I ceaſe to make farther attempts by the introduction of bougies, and purſue only general methods, ſuch as warm bathing, bleeding by leeches, &c. When there are ſtrictures, which it is right to enlarge, I paſs the bougie through the laſt ſtricture, without carrying it on, ſo as to irritate the tender part of the urethra, which lies behind it. A knowledge of the nature of diſeaſes cannot but be deſirable, even though it does not enable us to cure them all. If ſtrictures are removed, and dyſury remains, I believe it is common to conſider it as ariſing from an irritable bladder: now, though this may be a general truth, there are many exceptions. I do not find that attention is paid to that deſcription of caſes, which makes the ſubject of the preſent paper: I was unacquainted with them

till

till I met with the cafes which I firft mentioned: the knowledge which I have thus obtained has enabled me to afford relief in many cafes, and has prevented me from error in others.

On

On the Treatment of one Species of the Nævi Materni.

I ſhall relate two caſes, and ſay a few words on the treatment of this complaint, which is a congenital deformity, conſiſting in a cluſter of enlarged veſſels, filled, and occaſionally diſtended by the influx of blood from numerous ſurrounding arteries. The deformity to which I allude is ſo well known, and ſo frequent an occurrence, as to preclude the neceſſity of any deſcription. Mr. John Bell has of late propoſed an ingenious theory of its formation, and has denominated it an aneuryſmal enlargement of the veſſels, in conſequence of their anaſtomoſes. There can be no doubt that the repletion, diſtention, and conſequent enlargement of the dilated veſſels

depends

depends upon a kind of inflammatory action of the surrounding arteries; for, if that be wanting, the mark ceases to enlarge, and if present, it increases in size in proportion to the degree of inflammatory action. In many cases these marks, having increased to a certain degree, cease to enlarge; they then remain stationary, or gradually diminish, till they almost disappear. This occurrence is not so frequent as to induce surgeons to expect such an event, or to prohibit, in consequence of such expectation, their removal. For, if they continue to enlarge, the operation must be commensurate to their size. The consequences of their bursting are alarming and vexatious. It is not, however, my intention to speak of these affections in general, but only to state what, perhaps, may in some instances be done with success, when the removal of the unnatural structure cannot be accomplished. For this preternatural enlargement of vessels is not always cutaneous. I have seen it occupying the whole substance of the cheek, neither appearing beneath the skin nor the membrane of the mouth: I have

met

met with it in the orbit of the eye, and have found it covering the whole of an extremity, or nearly one half of the trunk of the body. If any means can be purſued, under ſuch circumſtances, to check the progreſs of the complaint, they ſurely deſerve attention. I was lately ſo fortunate as to ſucceed in ſuch endeavours, in caſes, the relation of which is my chief object at preſent.

CASE.

A child about two months old was brought to St. Bartholomew's hoſpital, with this unnatural enlargement of veſſels, diſtributed every where beneath the fore arm, from the wriſt to the elbow. In a ſhort time it had ſwollen to that degree, that the circumference of the affected fore arm was twice the ſize of the other. The veſſels were large and contorted; and to give the reader an idea of their appearance, I may mention that the child's mother affirmed that they reſembled the entrails of a pig, with which ſhe had either been frightened or diſguſted during her pregnancy.

The

The ſkin was of a duſky hue, and had not its natural ſmoothneſs of ſurface. The heat of this fore-arm was much greater than that of the correſponding ſound one. Preſſure forced the blood out of the veſſels, and temporarily diminiſhed the bulk of the limb, and made it of a paler colour. The child's mother lives at Turnham Green, where Mr. Graham, an ingenious ſurgeon, who was for a long time a ſtudent at St. Bartholomew's Hoſpital, alſo reſides. I requeſted this gentleman to take charge of the caſe, and try the effect of the following plan of treatment, which it ſeemed to me right to inſtitute. Firſt, I was deſirous of aſcertaining whether a permanent and equable preſſure would not prevent the diſtenſion and conſequent enlargement of the turgid veſſels; ſecondly, whether reducing the temperature of the limb would not diminiſh the inflammatory action, upon which their repletion ſeemed to depend. Theſe two intentions admitted of being readily accompliſhed. A many-tailed bandage of ſticking plaſter ſeemed

adequate to effect the firſt, and wetting the limb with water the latter. Theſe meaſures were judiciouſly carried into effect by Mr. Graham; the preſſure was firſt made ſlightly, and afterwards more forcibly, as the part ſeemed to bear it without inconvenience. A roller was applied over the plaſter and kept wet, if the limb felt hotter than natural, ſo as to regulate its temperature. The ſucceſs of theſe meaſures exceeded our moſt ſanguine expectations. The ſize of the limb gradually diminiſhed, and its temperature became natural. After ſix months, Mr. Graham removed the bandages, which it was not neceſſary to continue any longer. The limb was in ſome degree waſted, from preſſure and diſeaſe, but it ſoon gradually re-acquired its natural ſize. After the bandages had been left off for a month, I ſaw the child. The ſkin was pale and had a ſlightly ſhrivelled appearance. The contorted veſſels felt like ſolid chords interpoſed between it and the faſcia of the forearm.

CASE.

CASE.

A child had this unnatural ſtate of the veſſels in the orbit of the eye. They gradually increaſed in magnitude, and extended themſelves into the upper eye-lid, ſo as to keep it permanently cloſed. The cluſtered veſſels alſo projected out of the orbit, at the upper part, and made the integuments protrude, forming a tumour as large as a walnut. Of courſe, the removal of this diſeaſe did not appear practicable. I was conſulted on this caſe by Mr. Hurlock, whom I told of the ſucceſs of the former experiment. Preſſure to any extent was here evidently impoſſible; but the abſtraction of heat, and conſequent diminution of inflammatory action might be attempted. I recommended that folded linen, wet with roſe water ſaturated with alum, ſhould be bound on to the projecting part, and kept conſtantly damp. Under this treatment the diſorder as regularly receded as it had before increaſed. After about three months it had gradually ſunk within the orbit, and the child could

open its eye. Shortly afterwards all medical treatment was discontinued, and no appearance of this unnatural structure remains.

A third case of a very extensive mark of this description, covering the back and shoulder, got well, as I am informed, by the same treatment. I have not, however, been able to learn the particulars. It appears to me probable, from the foregoing cases, that if the preternatural distention of the vessels could be prevented, the blood might coagulate in them; and thus this unnatural contexture of vessels, being rendered impervious, might become obliterated.

The best mode of obtaining and increasing professional knowledge is, in my opinion, to pay that strict attention to cases, which enables us to note those nice shades of difference, which distinguish diseases from each other; and also to form some regular arrangement of them; so that, ultimately, we may be able to discover their natural series and order. This method I have pursued from the beginning of my pro-

fessional

feſſional ſtudies. Whenever the opinions, which an attention to caſes had impreſſed on my mind, differed from thoſe which ſeemed to prevail amongſt other practitioners, I publiſhed the caſes, and the inferences which I drew from them; becauſe I thought the caſes, at leaſt, deſerved attention, and that the juſtneſs of my opinions would either be confirmed or confuted by thoſe of the public. It is alſo of acknowledged utility to the promotion of ſcience, to excite inveſtigation, and even publicly to announce the deficiencies of our knowledge. Such were the conſiderations, which induced me to lay before the public my former and the preſent eſſays and obſervations. I am induced to mention my motives, though indeed they are ſufficiently apparent, becauſe I ſuſpect that I may, on this occaſion, be again cenſured for producing unfiniſhed performances, and for not paying ſufficient attention to the records of ſimilar caſes, which are contained in books. The very deſign of the work includes in it, however, a degree and acknowledgment of imperfection;

and

and what I wiſh to obſerve on this ſubject will be beſt expreſſed in the words of Horace:

"*Eſt quŏdam prodire tenus; ſi non datur ultrà.*"

For my apparent inattention to reading on the ſubjects, which it is the intention of theſe eſſays and obſervations to illuſtrate, I have formerly aſſigned, what appeared to me to be an adequate apology—

"In proportion as we advance in knowledge, we are led to remark many circumſtances in the progreſs of a diſorder, which had before paſſed without notice; but which, if known and duly attended to, would clearly point out the nature of the complaint. Hence the records of former caſes are of much leſs value; as the ſymptoms, about which we are now anxious to inquire, have, in them, been entirely overlooked." To adduce caſes without opportunities of identifying them, would only lead to controverſy.

Again then I publiſh a work, with all theſe imperfections, regardleſs too of my own reputation,

putation, whilſt I am conſcious of performing a duty in not ſecreting knowledge, or making it merely ſubſervient to private views; but in publiſhing information, which could not be collected without opportunities that few poſſeſs, and which may, in various ways, contribute to promote the advancement of medical knowledge.

FINIS

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